NEW HAMPSHIRE
DIVISION FOR CHILDREN, YOUTH, AND FAMILIES

2004-2009 COMPREHENSIVE CHILD AND FAMILY SERVICES PLAN
ANNUAL PROGRESS AND SERVICES REPORT

JUNE 30, 2005

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INTRODUCTION

New Hampshire's public response to the safety, permanency, and well being of children is framed in the Child Protection Act. This law mandates that New Hampshire Health & Human Services, Division for Children, Youth and Families (DCYF) respond to children and families affected by those factors that put our children at risk of harm by abuse and neglect. DCYF adopted the Comprehensive Child and Family Services Plan presented below in 2004, using both a community stakeholder and a staff driven Strategic Initiative to achieve the goals of that plan. DCYF's current Child and Family Services Plan is built on accomplishments and strategies in the previous plan, and is based on insights gained from New Hampshire's Child and Family Services (Federal) Review.

This report includes information focusing on:

- The Comprehensive Family Support Initiative, providing needed services to families through local community agencies and Family Resource Centers;
- Permanency Plus, which is devoted to time-limited enhanced reunification services for children in temporary foster care;
- Project First Step, the Hillsborough NH IV-E Demonstration that provides on-site services of substance abuse counselors when families affected by substance abuse are also referred to DCYF;
- The Greenbook Domestic Violence Intervention project in Grafton County, NH, which is implementing a collaborative coordinated response to people affected by domestic violence;
- Collaborative initiatives that integrate supportive services by both DCYF and local community Domestic Violence Support Centers;
- The progress achieved in child abuse/neglect assessment and family service practice since the implementation of DCYF's Structured Decision Making process;
- CARE NH, a collaborative approach to improved mental health services for children and their families, and;
- Collaborative efforts to bring nursing services to each field office to insure the provision of preventive medical care to children served by our agency.

Through those initiatives above and additional efforts that will be illustrated in this report, we believe that we have begun to effectively meet the challenges and goals identified during our strategic planning process of 2004.

Service Description

CHILD PROTECTIVE, AND CHILD WELFARE SERVICES

The Division for Children, Youth and Families (DCYF) manages child protective and child development programs on behalf of New Hampshire's children, youth and their families. DCYF staff provides a wide range of family-centered services with a central goal of meeting a parent's and a child's needs and strengthening the family system. Services are designed to support families and children in their own homes and communities whenever possible.

Vision Statement *We envision a state in which every child lives in a nurturing family and plays and goes to school in communities that are safe and cherish children*.

Mission Statement *We are dedicated to assisting families in the protection, development, permanency, and well-being of their children and the communities in which they live*.

DCYF Comprehensive Child & Family Services Plan, 2004-2009

Services are provided through the Department's 12 district offices as well as by a variety of service and residential care providers located across New Hampshire. The Division's programs have an overall SFY05 budget of $121 million and a staffing allocation of 368 positions.

PROGRAMS AREAS INCLUDE:

1) Child Protective Services
   a. Family Services
   b. Foster Care
   c. Permanency and Adoption
   d. Adolescent Support/Teen Independent Living
2) Domestic Violence
3) Child Development, Child Care and Head Start
4) Incentive Funds Program

5) Family Resource and Support Program
6) Child Abuse Prevention
7) Other Program Areas

CHILD PROTECTIVE SERVICES

The Bureau of Child Protective Services works to protect children from abuse and neglect while attempting to preserve the family unit. Child Protective Services help prevent further harm to children from intentional physical or mental injury, sexual abuse, exploitation, or neglect by a person responsible for the child's health and welfare.

DCYF has found that child maltreatment cases have become increasingly complex frequently involving mental illness, domestic violence, substance abuse problems, poverty and poor health. In its work, Bureau staff work very closely with other DHHS agencies to coordinate services to address these problem in an integrated and seamless fashion. This close collaboration includes:

- The Division of Family Assistance to provide child care services for employment and training and in abuse/neglect cases; and TANF/ Food Stamp and Medicaid services to eligible DCYF families,
- The Division of Public Health, Alcohol and Drug Abuse Policy, to arrange for substance abuse treatment services to families in which children have been found to be maltreated,
- The Division of Behavioral Health to arrange for mental health evaluations and treatment services for children and adults in abuse/neglect cases in the community and for the evaluation and treatment of children in facilities such as the Philbrook Center,
- The Office of Community and Public Health for services such as Maternal and Child Health and immunizations,
- The Division of Juvenile Justice Services with whom DCYF works on joint cases involving abused/neglected youth who may also be involved in juvenile delinquency,

- Office of Health Planning and Medicaid to coordinate medical services to DCYF families and to provide services to DCYF families: Healthy Kids medical insurance coverage, Special Medical Services and dental services, and
- The Division of Developmental services for Family Centered Early Supports and Services for children with developmental delays and chronic health conditions.

Child Protective Service Workers (CPSW) meet collaboratively with families to complete child abuse and neglect assessments, identify needs, and develop and implement a case plan. The case plan defines the specific safety needs of children and family members and outlines the method by which the family's protective service issues will be resolved. An essential component of the Child Protective Services system is the Structured Decision Making (SDM) tool utilized by Child Protective Service Workers to assess the risk of child maltreatment.

- **Central Intake** – The Central Intake staff receive more than 15,000 initial allegations of abuse and neglect annually. The specialized staff of Central Intake evaluates all of these allegations and refers those that are determined to need further investigation to the appropriate district office for assessment. Central Intake staff also refer individuals to a variety of community agencies for services.
- **Assessment** – Child Protective Social Workers complete comprehensive investigations on each report of alleged child abuse and neglect received from Central Intake. More than 7,000 reports of alleged abuse and neglect are investigated each year.
- **Family Services** - Treatment and rehabilitative services are provided to those families whose children have been neglected or abused. In ninety-four percent of the cases, these services are provided within the child's family setting. Only six percent of cases result in the removal of a child from the home for some period of time. Reunifying the child with his or her family is always the goal when safety can be assured.
- **Foster Care** - Foster Care workers in each district office recruit, train, license, and match children entering the system with foster families best suited to meet specific children's needs.
- **Foster Care Health Program –** This program focuses on meeting the health care needs of every child in an out-of-home placement. Each child receives a comprehensive health

and developmental assessment within one month following placement in accordance with Federal Administration for Children and Families (ACF) requirements. DCYF nursing staff provide these services. The funding source for the nurses is 75% Federal (Medicaid) and 25% State.

- **Independent Service Options (ISO) --** In 2002 DCYF successfully worked with Easter Seals to develop Individual Service Options (ISO) for children with therapeutic needs. This effort resulted in an array of services including case management, twenty-four hour on-call assistance, crisis intervention, support groups and respite care, that enabled adoptive families to provide homes for children with complex therapeutic needs while keeping the child in the community. This option will continue to be used as a resource for children with special needs.
- **Adolescent Services/Teen Independent Living** – The NH DCYF Teen Independent Living Program exists to ensure that youth in foster care are prepared for the transition to adulthood and life after state care. Starting at age 14 for those in DCYF guardianship at 16 when in DCYF custody or involved with DJJS*, foster care youth are assessed by their placement provider across several domains of functioning. The results of these assessments are used to create an Adult Living Preparation Plan (ALP). If financial support is needed to assist the youth in achieving his ALP goals than the CPSW can request money from the Teen Independent Living Account. The NH DCYF Teen Independent Living Program can now offer services to DCYF and DJJS* involved youth who have not been reunified with their parent or legal guardian and are still in out of home placement at the time their case closes. DCYF now has the ability to open an Aftercare case for these youth and to provide them services that include financial assistance with housing costs, tuition for college or an accredited training program, and related supports. The Aftercare case may start at age 18 and remain open until the youth's goals have been achieved or until they turn 21or 23(provided they started attending college or an accredited training program prior to the age of 21).
- **Adoption and Permanency**– A permanency specialist and an adolescent specialist, who team with the Family Service CPSW to establish the child in an adoptive home, or in another permanent family situation, staff every DCYF district office. Foster Care Health Nurses and other DCYF staff are involved as needed. These Permanency Teams, under

the direction of the district office supervisors, review and address specific obstacles to reunification or other permanency options for all children in temporary out of home placement. If necessary, the case plan changes to address barriers that are keeping children in temporary care. The permanency CPSW provides support and training to adoptive parents to ensure that those families adjust easily to changes likely when a child is adopted. Likewise, the team works to maintain those supports needed by the adopted child, including safe ongoing relationships with siblings and other members of the child's biological family.

OTHER PROGRAM AREAS

- *Child Protective Services Administration:* Responsible for oversight of all services to children and families referred to DCYF at every level of service from the first call to Central Intake through Assessment, Family Services, and case resolution. In cases involving temporary out of home care, Child Protection Administrators are responsible for oversight of all direct services including foster/adoptive recruiting, all placement services, case planning, permanency teams, reunification, adoption, and independent living. CPS Administration is provided through a Child Protection Administrator, and three Child Protection Services Assistant Administrators. Each CPS Assistant Administrator provides oversight for up to four district offices, Central Intake, and Special Investigations.

  Prior to implementation of this Five Year Plan, Clinical Services were restructured. The Clinical Administrator position was adapted so that it could be included in the Child Protection Administration team. Specialized clinical services continue, with a psychiatric social worker providing these services under the supervision of the Child Protection Administrator. Because of this change, all objectives and action steps referring to the "clinical administrator" in the five year strategic plan that follows will be accomplished through the oversight of the Child protection Administrator and the psychiatric social worker under her supervision.
- *Bureau of Quality Improvement and Training*: Responsible for designing and implementing standardized methods and tools to systematically evaluate the effectiveness

of services provided by DCYF staff and by community-based service providers. The goal is to continuously improve outcomes for children and families. Integral to this is the management of the Federal Child and Family Services Review (CFSR) of New Hampshire's Child Protection Program, and the resulting Program Improvement Plan (PIP). The unit is also responsible for the clinical oversight of programs addressing co-occurrence of domestic violence and child abuse and neglect, and a co-location program addressing co-occurrence of substance abuse and child abuse and neglect.

Staff Development and Training provides a wide variety of training for DCYF staff, service and residential care providers, foster families, and adoptive families.

- *Special Investigations Unit*: Responsible for investigating all allegations of abuse and neglect in foster homes, institutional settings, and residential, educational and treatment facilities.

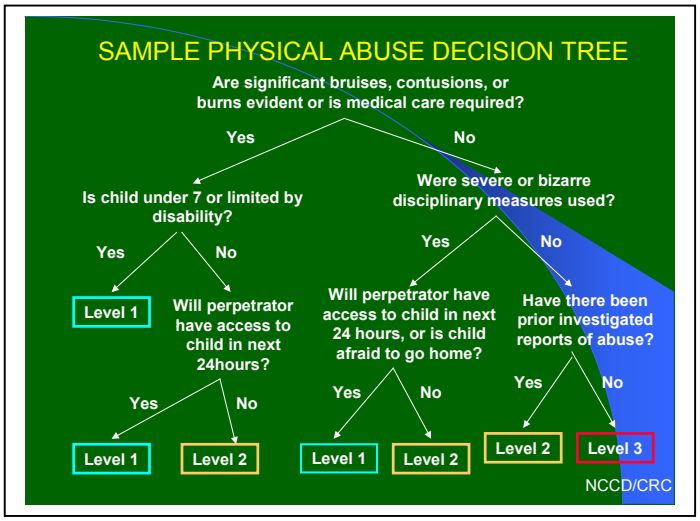
- *Interstate Compact on the Placement of Children (ICPC):* Responsible for serving and protecting children who are placed across state lines for foster care or adoption. The Compact is a uniform law enacted by all 50 states, the District of Columbia, and the US Virgin Islands. It establishes orderly procedures for the interstate placement of children and fixes responsibility for those involved in placing the child.

- *The Bureau of Family and Community-Based Services*: This Bureau administers family resource and support services, foster care, adoption, clinical and mental health service coordination, community prevention, voluntary services, the Incentive Fund Program, and the Interstate Compact Placement of Children Program.

CHILD PROTECTION: DECISION MAKING TOOLS AND EVALUATION

Structured Decision Making

Utilizing technical assistance, DCYF implemented Structured Decision Making **(SDM) i**n December 2001 in the Intake and Assessment program areas. DCYF expanded SDM to the family services area in March 2002.



SDM includes a set of research-based tools designed to identify safety and risk factors which guide staff at critical service decision points. SDM can improve the effectiveness of child protection interventions by:

- Focusing on critical decision points
- Increasing the consistency and validity of decision-making
- Targeting resources to families at highest risk
- Improving the effectiveness of Child Protection Interventions

SDM reduces ambiguity by providing consistent, reliable information and a clearly defined methodology for making decisions related to the safety, permanency, and well being of children. DCYF field staff through the Core Team's monthly meetings continue to be involved in the refinement and implementation of SDM.

DCYF contracted with the Children's Research Center (CRC), a Division of the National Council on Crime and Delinquency, to provide quarterly reports describing the use of the SDM tools and information to assist DCYF in assessing the quality and effectiveness of this new system. Contracted services included consultation to adapt the SDM model to N. H. law and practice, integration of SDM into Bridges, development of training manuals and on-site training for DCYF staff in a train-the-trainer approach.

The SDM supervisory case read process

The SDM supervisory case read process was established in October 2004. BQIT randomly selects one case or assessment per worker per month in each District Office. Supervisors use the Case Reading tools on each of the selected cases and assessments to ensure the workers are using the SDM tools correctly. Completed Case Reading tools are returned to BQIT staff for aggregate analysis and reporting. In addition, BQIT coordinates, with members of the SDM Core Team and the respective CPS assistant administrator, a periodic, random quality check of the supervisor's case read to ensure consistent and correct use of the SDM tools by supervisors across the state. BQIT, the Core Team members and the CPS assistant administrator then meet with the district office supervisors to review findings and identify remediation, if needed.

The SDM Family Services training is a 2-3 hour training delivered in the district office to the family services workers, adolescent worker and permanency worker. Depending on the office and staffing pattern other attendees have included coordinators and supervisors, attorneys, nurses and foster care workers. A Core Team member and the Bridges trainer provide this training. The work plan is to complete one round of training for all family services staff in each of the 12 district offices by December 31, 2005. By June 16th seven offices had received the training. Future SDM trainings of all types will be incorporated into the revised training curriculum to be implemented in October 2005.

Case Practice Reviews: Detailed assessment of the Child Protection System

As a direct result of New Hampshire's participation in the CFSR onsite review in June 2003, the Bureau of Quality Improvement and Training (BQIT) in collaboration with other DCYF and DJJS bureaus and top management has restructured its review system to incorporate salient elements of the CFSR process while retaining the responsibility for program specific and work process reviews.

Broadly conceived, the Case Practice Review's (CPR) purpose is to develop, analyze, and disseminate reliable and timely performance data to managers, staff and a variety of stakeholders. Using the performance data, BQIT works with the appropriate partners to incorporate these data into quality improvement initiatives, public reports, funding proposals, and specific initiatives such as the Program Improvement Plan (PIP).

BQIT reviews one of twelve district offices every other month, completing the cycle over a two-year period. In addition to these reviews, the bureau plans to examine specific program areas, such as Intake and foster care in more detail based on several factors including, the need for additional data to compliment the CPR process, feedback from leadership, and programs needing heightened attention due to financial, service effectiveness and impact on children and families.

The CPR follows the federal review process for case reviews including: case selection criteria; two person peer review teams working a week on-site; the review process being led by a BQIT QA/QI site team; using information from both paper and electronic records as well as interviews; recording the data on the CFSR Onsite Review Instrument and Instructions tool, which has been modified to better reflect NH practice.

The on-site schedule includes all the elements of the CFSR case review process as well: introductory and exit conferences, case specific file reviews, interviews with required interviewees, QA/QI checks and full team debriefs prior to rating each case.

This case review process meets the Council on Accreditation (COA) criteria for peer review by including CPSWs and JPPOs as well as supervisors and state office staff as reviewers. The review is open to all staff of DCYF and DJJS, including administratively attached staff such as attorneys and support personnel. In addition, stakeholders from the communities served by the Divisions have been invited to participate. The BQIT administrator makes the selection of stakeholder reviewers in consultation with Division leadership. Reviewers are recruited from each district office as well as State Office and attend a full-day training session in Concord. Reviewer selection is voluntary with participation at the supervisor's discretion. Training is held quarterly so that a pool of trained reviewers is available for each review. With the assistance of supervisors and managers, BQIT normally assigns five teams of reviewers to each review. Each team consists of two members who together review two cases during the on-site review week.

The review process begins when BQIT selects a sample (following the CFSR criteria and process). Each sample consists of four subsets: Child Protective Service (CPS) – both in home and

placement, Juvenile Justice Service (DJJS) – placement cases, and shared cases that include both DCYF and DJJS involvement. The sample size is dependent on the size of the office.

BQIT randomly selects a list of potential cases, enumerates them by type and sends the sample sets to the district office supervisors for DCYF and DJJS. The supervisors check the list for accuracy and select cases starting at the top of each list. Cases are excluded only with the concurrence of the BQIT administrator and the respective CPS or DJJS administrator. This process generally involves verifying whether each case was actually assigned to their office, and whether the cases are appropriately categorized as in-home or placement, CPS, DJJS, or shared. The District Office is also responsible for scheduling interviews with clients and stakeholders from each case. Once the cases are confirmed, the CPSWs or JPPOs are asked to print a case summary, contact log, and various other forms from Bridges to facilitate the on-site review process.

The case review begins when the review teams and two site leaders travel to the district office to begin the on-site component. The week begins with introductions, a meeting with district office staff, and a review of the schedule. After this session, the site leaders provide each team the review tool with basic demographic information pre-filled. Like the CFSR, the reviews extend beyond the information available in the case record and include staff, client, and stakeholder interviews that are arranged by each District Office.

The case review tool measures performance on seven outcomes and 23 items in the areas of safety, permanency, and well-being. At the end of the week-long on-site review, BQIT shares the preliminary results with all District Office staff at the exit conference. Like the CFSR, BQIT's review process captures both strengths and areas needing improvement.

In addition to the on-site case review process, a member of the BQIT staff facilitates a community based stakeholder focus group for the office's catchment area. The focus groups include individuals involved in efforts to address the safety, permanency and well-being of children and their families. Focus group questions address the effectiveness of DCYF and related agencies in the context of the service array and resource development systemic factor from the CFSR while being cognizant of the effects of this factor on the IV-E five year strategic plan. Examples of areas

addressed are prevention, in-home services, effective reunification/permanency, supporting independent living efforts, and success in adoption.

After the on-site review, results are analyzed and rated as Strengths, Areas Needing Improvement (ANI) or Not Applicable (n/a). Item(s) for which 85% of the cases are rated as a Strength will not require a Practice Improvement Initiative (PII), consistent with the CFSR threshold. However, cases that are currently open will require case specific action to remediate any ANI item(s). Those items below the 85% threshold are divided into two groups. A PII will be required for those items for which two or more cases are rated ANI. This PII will be developed using the PIP template. For those items in the agency-wide PIP, the plan will be integrated into the agency wide PIP. For items not in the PIP, development of action plans, reporting and benchmarking will be similar. Data should be used for the Safe and stable Families five-year strategic plan and other continuous quality improvement efforts.

All BQIT reports are reviewed in draft at both the state and district office to ensure accuracy and to generate feedback about the analysis, recommendations, and follow-up. BQIT works with the responsible managers, supervisors, administrators, program specialists and CPSWs to facilitate that district office's PII. The PII, which is the responsibility of the district office supervisors to develop, implement and report on quarterly, includes specific action steps with benchmarks.

BQIT will communicate the review results in a manner that supports supervisors, staff and providers to maintain best practice and improve practice where the need to do so has been documented. Timely data analysis and reporting is key, and BQIT strives to report review results within eight to nine weeks of the on-site review.

The anticipated schedule for Case Practice Reviews is as follows:

Date of Review Final (2005)	District Office	Training Date for that Review	Bridges ID # to sign up for Training
January 10-14	Rochester	5-Jan-05	990869
March 14-18	Keene	9-Mar-05	990870
May 16-20	Salem	4-May-05	990871
July 18-22	Concord	6-Jul-05	990872
Sept 19-23	Portsmouth	7-Sep-05	990873
Nov 14-18	Manchester	9-Nov-05	990874

Date of Review (2006)	District Office	Training Date for that Review	Bridges ID # to sign up for Training
January 16-20, 2006	Littleton	11-Jan-06	
March 13-17, 2006	Nashua	8-Mar-06	
May 15-19, 2006	Conway	10-May-06	
July 17-21, 2006	Claremont	12-Jul-06	
September 18-22, 2006	Berlin	13-Sep-06	
November 13-17, 2006	Laconia	8-Nov-06	

INTERVENTIONS ADDRESSING DOMESTIC VIOLENCE AND CHILD MALTREATMENT

The Domestic Violence Specialist Program

"The presence of domestic violence specialists in child welfare offices is a constant reminder that domestic violence is a significant child protection issue and that family safety is essential to child safety" The Future of Children, vol. 9, 1999, p.91

Building a collaborative response to families affected by both domestic violence and child abuse and neglect resulted in an initiative to join the best efforts of both child protection and community-based support by domestic violence crisis centers. The project design, initiated during 1998, includes outsourcing staff from the local community domestic violence crisis centers to local DCYF district offices. DCYF, the New Hampshire Coalition Against Domestic and Sexual Violence

(NHCADSV), and NH Department of Justice submitted a successful joint grant application for Violence Against Women Act (VAWA) funds. These funds are combined with Family Violence Prevention & Services Act (FVPSA) Grant funds support domestic violence program specialists in all of DCYF's district offices.

These domestic violence specialists provide six essential roles:

- Increase access to local community crisis centers for victims of domestic violence who are also referred to DCYF;
- Provide consultation for child protection staff to improve interventions and safety planning;
- Provide a coordinated collaborative response with DCYF;
- Facilitate cross training between child protections staff and the local crisis center;
- Provide consultation to other Health & Human Services Divisions located in district offices, and;
- Provide community education regarding domestic violence.

"Domestic violence organizations, in collaboration with child protection services, child welfare agencies, juvenile courts, and other community partners, should provide leadership to promote collaborations and develop new resources for adult and child safety and well-being." ***(Greenbook, Schecter, S. & Edleson, J., (1999), p.70)***

The DVS Program results in more effective assistance to victims of battering in areas such as safety planning, which in turn leads to increased child safety. In addition, DVSs are available to team with CPSWs meeting with victims and/or children when considered appropriate.

This special collaboration results in better preparation and response to those family crises where child maltreatment and domestic violence are co-occurring. CPSWs are learning how to better engage battered mothers in recognizing the broad effects of domestic violence as well as its specific impact on their children.

The Greenbook Project

New Hampshire was one of the six sites national sites selected in 1999 to implement a multi-system collaborative approach to the concern of domestic violence in the home. The Greenbook Project is designed to bring together the courts, child protection and domestic violence advocacy groups in Grafton county NH to improve how they responde to and support families experiencing the co-occurrence of domestic violence and child abuse and neglect. A significant part of the first year was dedicated to planning. The Project's local research and evaluation team gathered baseline information through focus groups, interviews and surveys with child protection workers, domestic violence advocates, judges and other project participants. The national evaluation team has also conducted surveys and interviews with these and other stakeholders in Grafton County. Stakeholders worked in groups and committees to set cross systems' and individual systems' goals to address the overarching goal of the Project, which is to increase safety for women and children experiencing the co-occurrence of domestic violence and child abuse and neglect. The time spent planning and gathering this data also served to building trust and to initiate cross training that created a climate more receptive to systems' change.

Greenbook's primary goals are to increase knowledge and awareness in the community of domestic violence, child protection and judicial systems, improve effective information sharing, and—as a result--build an effective, collaborative community response throughout Grafton County. Each of the primary participants developed goals to enhance their respective systems. DCYF's goals include:

- Improve assessment for domestic violence;
- Implement separate service plans for victims and batterers emphasizing batterer accountability for responsible parenting; and
- Enhance family centered safety planning.

CHILD DEVELOPMENT, CHILD CARE AND HEAD START

The Child Development Bureau's mission is to help communities develop and maintain programs for young children that are healthy, safe, and appropriately responsive to children's physical, social, emotional, and cognitive development needs.

Staff provide technical assistance and support to early care and education programs, as well as consumer education and child care training programs. This work includes training for child care providers, support and technical assistance for the care of children with special needs, consumer education on how to select child care, and community-based child care resource and referral agencies throughout the State that inform parents of the child care options in their community. These resource and referral agencies also provide technical support for program start up, special needs children, and other needs tailored to individual providers whether they are based in a center or in a home.

The Bureau also monitors providers and develops policy for New Hampshire's $22,600,000 child care scholarship program that serves approximately 7,000 children each month.

In addition, because implementation of welfare reform and the NH Employment Program necessitates the development of safe, appropriate child care placements, DHHS has identified the need for expanded quality child care services as a priority. DCYF provides child care scholarships for parents transitioning from financial assistance into employment and training opportunities and for those at risk of needing financial assistance. Parents may apply for a scholarship to help pay the cost of child care they need in order obtain employment, remain employed, or participate in training. Non-TANF clients may be eligible for child care scholarships for job search, employment, or training. Eligibility is up to 190% of the federal poverty level guidelines.

Families may also be eligible for child care services through involvement with child protective services. In cases of abuse or neglect, case plans may include child care to safeguard young

children while providing support services to the family. Child care is also used as a preventive service for families with children who are identified to be at risk of abuse or neglect.

INCENTIVE FUNDS PROGRAM

The Incentive Funds Program, a $3.2 million allocation from the State General Fund, supports an array of community-based programs defined in two broad categories of services: (1) prevention, family support, wellness, and (2) intervention and juvenile diversion programs. The funds are allocated quarterly to each of the State's 10 counties based upon the juvenile population and an equitable distribution formula. These funds support more than 200 programs that serve approximately 14,000 children and their families.

ACCESS TO BEHAVIORAL HEALTH SERVICES & SUBSTANCE ABUSE TREATMENT

CARE NH: System of Care for Children and Families

The NH Division of Behavioral Health was awarded a system of care change grant (CARE-NH) that promotes collaboration between service providers in developing a flexible service array and infrastructure of community-based services targeted to serving children in their own communities. The agreement involving the NH Division of Behavioral Health, the NH Department of Education, the National Alliance of the Mentally Ill-NH and NH Division for Children Youth and Families outlined a process of ongoing communication, joint training and case collaboration to promote a change in the way that services are provided to those children with serious emotional disturbances (SED). Goals for this system change initiative include:

- Developing and sustaining a child and family centered system of care for children with SED;
- Increasing service delivery capacity through alignment of community resources and effective collaboration with agencies providing services to SED children;
- Improving identification of mental health needs in the child and adolescent population and;
- Improving the care management coordination for children and their families.

The areas in the state identified for this grant are Manchester (urban), and Berlin and Littleton (rural). DCYF line staff participate in the family specific wraparound teams. DCYF Supervisors

participate on the regional teams and state level administrators are a part of the interagency state level steering committee for the initiative. This group, the Children's Care Management Collaborative, is a cross section of those who are involved with services to children on a state level. CCMC team members have the authority to resolve systems issues that interfere with the ability of the family team to provide the needed community services to the family to enable them to stabilize the child in a community placement.

DCYF continues to participate in the Children's Care Management Collaborative and with various subcommittees that focus on creating a Memorandum of Understanding between the agencies, and creating a budget that will sustain the process once the grant lapses.

As of January 31, 2004, 288 children from New Hampshire have been referred to CARE NH in the three Regional Collaboratives. Of the one hundred and ninety of these children who were eligible, one hundred eighty two have been enrolled in CARE NH.

DCYF/Community Mental Health Care

Foster Care Mental Health Program

Purpose: To provide a comprehensive Mental Health Assessment for every child entering foster care.

The relationship that exists in every community between child welfare and community mental health provides an opportunity for DBH, DCYF, and DJJS to collaborate in better serving families. Children in placement have historically experienced poorer outcomes in areas of education, social connections, attachment, and mental health. This pilot provides an opportunity to identify crucial needs of children entering the child welfare system early on, by identifying developmental and mental health needs in a way that can tie families into the natural supports that exist for them in their communities. Calling upon the expertise of New Hampshire's Community Mental Health Centers provides these vulnerable children and families an opportunity to receive the help they need to move children quickly into stable family situations. Early identification of mental health and developmental needs will lead to a more efficient, cost effective provision of core services to the family and more timely reunification or, if that can't occur, other permanent living situations

for children. The goal is that eventually this process will be available to every child in DCYF/DJJS care, however this pilot focuses upon those children-entering placement.

Premise: Children and their families will have better access to identification and treatment of mental health and developmental needs through this collaborative process. It is anticipated that early assessment will provide cost savings to both systems as needs will be identified and responded to early. Co-locating an experienced mental health professional in the DCYF district office has been shown to strengthen the relationship between mental health and child welfare staff. This has led to better planning for children, increased communication around treatment needs between agencies, and elimination of system barriers which hamper early provision of services.

Process:

DCYF will provide coordination of this process through the Foster Care Health Nurse in each District Office.

- When a child enters foster care, the CPSW involved will explain the mental health assessment process to the parents and provide them with copies of the Community Mental Health Center forms and releases
- The Foster Care Health Nurse will contact the foster parent and parent to insure that they will make themselves available for the mental health assessment
- If the medical examination has occurred before the mental health assessment, copies of information from that examination will be provided to the mental health professional
- The CPSW will provide the child information sheet, the developmental screening tool they have completed, a copy of the SDM Strengths Needs Assessment, and the behavioral health referral form with specific referral questions
- DCYF will provide signed releases of information allowing information to be exchanged
- The foster Care Health Nurse will coordinate the consultation with the CPSW and will make every effort to minimize missed appointments
- Space will be provided in the DO to conduct the assessment or provide consultation around the children who are being seen

CMHC mental health professional will conduct an assessment of the child and family that includes the following:

- A psychosocial assessment that meets the required elements of Medicaid and DBH. Existing agency forms can be used
- A clinical formulation that includes the results of contact with the child's parents and foster parents
- Answers to the standard referral questions as well as other specific questions posed by the CPSW
- Identification of treatment needs and referral recommendations for the child and family. Specific recommendations as to the best treatment approach and focus in working with the child and family should be included.
- Consultation in the DO with the CPSW around the recommendations and results of the assessment
- Consultation with the foster parent (if needed) to address behavior issues or symptoms that may arise before the child is connected to ongoing treatment.

Key Points:

- Not all children will need mental health treatment
- Not all treatment must be provided by the CMHC
- If a child is connected to a private therapist, the assessment should still occur, with mental health assessment information provided back to that therapist
- CMHC's should designate one person with strong clinical experience to do these assessments
- Up to two hours a month are needed for consultation
- The process must be flexible enough to meet local needs while still supporting the team collaboration that insures better planning for children and families

Standard Referral Questions :

- What does this child look like now? A child previously at a higher level of functioning will be impacted by recent incidents of abuse or neglect, legal involvement, and placement.

- What does this child need to adjust to the recent transition to foster care and what do the foster parents and parents need to support this child's adjustment?
- What are the strengths, skills and assets that this child and family have that will help them adjust to their current situation?
- Based upon your meetings with the child and family and clinical assessment, what specific recommendations do you have to integrate the salient findings from the SDM Strength Needs Assessment into treatment and case planning for this family?

Project First Step: Approaches To Co-Occurrence Of Child Maltreatment And Substance Abuse.

This Title IV-E demonstration co-located LADCs in two DCYF district offices. From November, 1999 through December, 2004, reports accepted for assessment were randomly selected into experimental (enhanced) or control (standard) groups. CPSWs and LADCs were mutually assigned to families in the enhanced group. LADCS had the capacity to provide direct AODA assessment and treatment to caregivers identified as having signs of AODA. LADCs also acted as ongoing consultants to CPSWs in the enhanced group. Families in the standard group received typical CPSW and community based assessment and treatment services. By June 2002, a total of 450 families were involved as eligible participants in the IV-E Project.

Wellness outcomes:

Parents in the enhanced group were more likely to be involved in the following services or supports:

- Community Mental Health,
- In home counseling (home based services),
- Any substance abuse treatment, including;
    - Short Term Detox,
    - Short Term In Patient Treatment,
    - Long Term Inpatient Treatment,
- Supports related to domestic violence, and

- Employment or vocational training.

Outcomes for children (4-17 yrs old)

Children in Enhanced Groups had greater declines in 7 of 8 problem categories:

- Anxiety & Depression,
- Withdrawn/Depressed,
- Somatic Problems,
- Attention Problems,
- Aggressive Behavior,
- Thought Problems, and
- Rule Breaking.

Case related outcomes:

DCYF recognized that outcomes in the Nashua District Office were very likely to have been affected by:

- The absence of a LADC from year 1 to year 2 (as the initial LADC resigned five months into the demonstration), and
- While the Manchester Office chose to create a unit including the same CPSWs and supervisor with the LADC and enhanced cases, the Nashua Office designated CPSWs in various units under a number of supervisors to work with the LADC and enhanced cases.
- While 71% of subsequent reports were successfully re-assigned to enhanced CPSWs, supervisors & the LADC in Manchester, 48.8% of enhanced subsequent reports were successfully retained with enhanced CPSWs in Nashua.

As a result, enhanced cases in Manchester received the most consistent supervision as well as the most consistent involvement by a LADC. It was also noted that the Manchester District Office drove the most measurable results, including:

- More initial assessment determinations resulting in ongoing services (16% v 7.2%), and
- A higher proportion of initial assessments with founded determinations (17% v 12.7%)

Without regard to site, children in the enhanced group had a lower chance of being involved in subsequent substantiated assessments than those in the standard group (18.47% v 22.79%) and a lower chance of involvement in subsequent substantiated assessments resulting in services (7.5% v 10%).

In the Manchester District Office the difference in the percent of overall subsequent substantiated referrals in enhanced families were also lower (14.15% v 17.33%), as were subsequent substantiated referrals "opened" for services (4.6% v 10.5%).

Children in enhanced service families spent less time in out of home placement and fewer placement transitions than children in standard groups regardless of district office. Those children in the enhanced group who could not be safely reunified reached TPR sooner than those in the standard group. Mean days in care for enhanced children, and average time to TPR were both shorter in Manchester and Nashua, but Nashua enhanced children experienced fewer placement transitions than Manchester enhanced children. Children in the Nashua enhanced group were more likely to have TPRs than enhanced children in Manchester.

After the conclusion of the Title IV-E Waiver, this program was continued through alternative funding sources, including Promoting safe and Stable Families (Title IV-B)

CHILD ABUSE PREVENTION

FAMILY RESOURCE AND SUPPORT PROGRAM (FAMILY SUPPORT)

This contracted service seeks to intervene before the occurrence of familial and parental abuse or neglect on behalf of at-risk families and families in the process of reunification. Participation is voluntary. Services include home visiting and protective and preventive child care. DCYF contracts with community based agencies for 12 statewide regions to provide these support services to approximately 500 families annually.

DCYF funds several community-based prevention programs that specifically provide services to high-risk families. Services are also provided to medically fragile children and infants with the goal of preventing medical neglect and other disabling conditions.

Additionally, DCYF will continue to contract with Casey Family Services for foster parent support and retention services. Expenditures for this contract are expected to be $38,500.00 for SFY '04. Support services to be provided will include: increasing positive communication between DCYF staff and foster parents; quarterly newsletters; monthly support groups; mentor support; and community education.

FAMILY PRESERVATION: COMPREHENSIVE FAMILY SUPPORT

During 2005, contracts were awarded for statewide comprehensive family support programs covering all twelve district office catchment areas. The programs assist families and children by promoting family wellness, decreasing family stress, and preventing abuse and neglect. The social service agencies identify and assist families with multiple stressors by providing multivariate services, which encourage and promote the development of healthy families.

Goals:

- Promote healthy growth and development of children by assisting families in identifying and addressing any home or community barriers to children's success in school and the larger society;

- Empower families as advocates for themselves and their children by collaborating with families and communities in the development of a comprehensive array of local, family-centered and culturally diverse services; and
- Reduce the incidence of violence towards children by providing supportive services to at-risk families including:
    - Supporting parents who are experiencing social, emotional, physical and/or mental health related problems that interfere with their abilities to parent and provide an acceptable standard of care for their children;
    - Promoting safe, nurturing environments for children by educating parents in child development, child health and safety, and parenting skills;
    - Working with parents to identify their strengths and challenges related to parenting, with consideration family, values, culture and/or personal history, and to assist them to deal effectively with overcoming barriers that impede healthy development;
    - Helping families learn coping and problem-solving skills which will assist them in their every day lives;
    - Enhancing family development by assisting parents to further their education, find employment and access community resources; and
    - Supporting families in their home communities by providing resource and referral information, and linkage with Family Resource Centers and other community-based agencies that support families.

Services to be offered by the contract agencies include:

- Home Visiting - Each family must be visited regularly in their home by the home visiting staff. Staff may include a combination of professionals, volunteers, and/or paraprofessionals. The frequency of visits must be specified in the family service plan with the expectation that visits will occur weekly at a minimum.
- Short-term Child Placement - Voluntary placement services must be short term, less than 7 days, with foster homes licensed by DCYF or another NH Child-Placing Agency, using the least restrictive environment – close to home and school. Voluntary placements must be restricted to parents who have short term medical, mental health, or drug and alcohol

treatment needs. It is expected that children in need of placement do not have relatives or other placement resources.

- Child Development Education - The program must offer effective interventions which can positively influence the long term parent-child relationship and prevent problems while promoting optimal development of children and their parents.
- Parent Education and Support - The agencies must support programs that value, respect and empower parents, and have a more proactive response to family needs. The program needs to honor families' cultural and ethnic heritages and demonstrate how it can help parents obtain the resources they need to raise healthy children**.**
- Quality Early Care and Learning Programs - Agencies must offer linkages or directly provide a system of early childhood care and education programs that supports children's social and emotional development. DCYF is especially interested in funding "quality" programs that target many risk factors such as cognitive deficits, early behavior and adjustment, poor parenting practices, and difficult peer relationships.
- Health Education - Agencies must promote services and programs that will improve the social and emotional outcomes for both children and their families. These programs must focus on adequate nutrition and education regarding physical and mental health needs of the families.
- Adult Literacy and Higher Education - Agencies must refer family members to GED tutoring or classes, English as a Second Language, and to college level courses, as well as help with child care, transportation, advocacy, and other referral services to support parents as they pursue their studies.
- Life Skills Training - Agencies must delineate those services and programs which build and enhance the life and family management skills of each family member ensuring that each family member has the interpersonal skills necessary to function within the existing family structure and respond to the regular demands of the larger society.
- Child Care Resource and Referral - Preventive childcare may be provided to support the family. The need for childcare must be identified during the family assessment and addressed in the family service plan. The agency must be able to provide resource and referral information to help parents recognize high quality, developmentally appropriate child care environments, and to refer parents to the local care child care resource and referral agency

funded by DCYF. The agency may offer child care on site, as a respite service or as a part of the agency's regular program.

- Family Empowerment - The agency is expected to provide advocacy training and opportunities for families to participate in community activities focused on improving the quality of programs and services. Families must be assisted in identifying service delivery gaps and effecting change in those identified areas with the cooperation of state and local agencies.
- Information and Referrals to other community based agencies - Agencies must be knowledgeable in order to inform parents and community members about services for which they are eligible, such as medical and mental health care, temporary financial assistance, housing, child care, and transportation. The agency must assist families in obtaining and using these services.

New Hampshire Children's Trust Fund

The New Hampshire Children's Trust Fund (NHCTF) is a nonprofit organization dedicated to supporting programs that prevent child abuse and neglect (See http://www.nhctf.org/). The NHCTF has learned that the most effective way to keep children safe from abuse and neglect is to foster the development of strong, healthy families, with capable parents and caregivers. To this end, the NHCTF provides financial, technical and training resources to community-based programs across the state. In addition, the NHCTF advocates for positive change in both state and federal policies that effect children and families. The NHCTF collaborates with community, state, and federally funded programs to focus on the benefits of primary prevention and to promote a continuum of service approach to families.

In 1996, the NHCTF was designated as the lead agency to receive and distribute CAPTA Title II (Community Based Family Resource and Support) funds. Each year, the organization receives approximately $175,000. The NHCTF distributes these funds through a competitive grant process to community-based programs. Criteria for receiving a grant from the NHCTF include:

- *Primary prevention.* The highest priority of the NHCTF is to support programs designed to promote the general welfare of all children and families before abuse or neglect occurs. Programs are accessible to everyone, but may target populations at risk for abuse and neglect. Programs focus on education and training in child development, parenting, and

skill building for parents. They may also include health and developmental screenings to identify children at risk and general information and referral services.

- *System building.* The NHCTF is particularly interested in funding programs that are a part of a community-wide plan to improve the child and family service system.
- *Building program capacity.* The NHCTF is committed to helping programs develop stronger boards, well-trained staff, and effective organizations. Up to thirty-percent of a grant request may be used to build the long-term capacity of the program.
- *Under-served communities.* Many New Hampshire communities lack basic family-centered, family support programs and services. The NHCTF solicits proposals for new projects in communities where resources for these programs are lacking or where funding has been significantly disproportional with other communities in the state.

TIME LIMITED FAMILY REUNIFICATION

Permanency Plus:

New Hampshire's Approach To Children In Foster Care

DCYF has long recognized that the typical time involved in obtaining Court authorized visitation and placement plans, obstacles to safe and meaningful contact between children and their parents and siblings, and true parental involvement in family centered case planning inadvertently lengthen the time that children stay in the temporary status of foster care. Through research and our experience we know that is our children can't wait any longer than they absolutely need to either safely be reunified with their birth families or receive the security of being a permanent member of an adoptive family.

The bright side for the children in the cases above is that they and their families were helped through a new program in New Hampshire. The program combines our best practice approaches in a special way that resolves the barriers to safe reunification or permanence to children much sooner than traditional services for children in foster care. Because of the "Plus", or enhancement of services in this initiative.

For all families faced with first time temporary out of home placement of their children due to abuse or neglect, Permanency Plus offers the following enhanced services:

- Incorporation of home based counseling initiated within hours of the child's placement,
- Use of "Resource Families"—specially recruited, licensed trained foster families who are committed to
    - The idea of building a supportive relationship with the child's birth family,
    - Intensive involvement in case planning with the birth family, and
    - Being the available permanent adoptive resource for the child if reunification with the biological family cannot be safely achieved..
- Incorporating a team approach that assures:
    - Early adoption and review of a family centered case plan,

- Frequent, safe visitation that nurtures the parent-child relationship, and
- Merges meaningful participation by key partners with the goal of safely resolving the child's stay in out of home placement.

✦ Since it's inception as a demonstration site in communities served by the Portsmouth District Office, and later application in areas served by the Salem, Rochester, Manchester, and Claremont District Offices, Permanency Plus incorporated essential combinations of services, training, and support coordinated through Easter Seals and their sub-contractor, Familystrength.

The chances for improved child wellness and safe and stable reunification or permanency are significantly improved when children can experience security while maintaining safe bonds with their parents. This requires parent involvement, and appreciation of the idea that their child will come home once they show success in basic changes. To build this capacity for change, Easter Seals reports that treatment goals are addressed immediately upon the child's placement with the resource family, and are reviewed with the family and key partners every two weeks. All families are encouraged to engage in safe visitation plans that allow for visits at a frequency of two-three times per week in settings that are both safe and family oriented.

ADOPTION PROMOTION AND SUPPORT

ASFA, Adoption 2002, and New Hampshire's Eric L. agreement all promote continued attention to permanency planning and adoption services. Resulting changes in laws and agency policy have set the stage for concurrent planning, reduced time between initial placement and termination of parental rights, increased numbers of children needing permanent families, and increased numbers of special needs children placed in adoptive families.

Since 2001 there has been a sharp increase in the need for adoptive homes for children who are in therapeutic or residential treatment when they become free for adoption. These children represent special challenges to recruiting and supporting their permanent families. There is a growing need for post-adoption services to minimize disruption and dissolution of adoptions. There is also a growing recognition of a blurring of the lines between foster care and adoption. As a result, DCYF will continue to use a full 20% of Promoting Safe and Stable Families funding to achieve the three goals of: (1) increasing the number of available adoptive homes; (2) increasing post-adoption services; and (3) developing administrative and structural supports to encourage timely permanency and adoption.

BEING ADOPTED

Being adopted is blue like the sky.

The sky is black until you get adopted.

Being adopted tastes like victory,

And it feels like someone finally cares about you.

Forever!

By Joshua, Age 11
Published in Union Leader Newspaper
February 24, 1997

Since 1998 DCYF has focused on improved data collection about permanency. These efforts have resulted in better information to guide planning and implementation of recruitment efforts. The agency will continue to support an adoption consultant position established in 2000, to assist the agency in developing and maintaining improved permanency data collection and analysis to assist with a comprehensive, on-going recruitment strategy for DCYF adoptive families. The consultant will continue to work with DCYF adoption staff to develop ongoing recruitment efforts. Approximately $12,000 will be allocated to contract with the adoption recruitment consultant in 2004.

During 2003 the consultant developed content for the DCYF adoption website, which went online with the revamp of the entire agency website. The first stage of the enhanced website became operational in July 2002. The new website, http://www.dhhs.state.nh.us/DHHS/ADOPTION/default.htm, includes much more information about DCYF adoption than has ever been available on the website in the past and has resulted in

more email inquiries. In 2005 additional information will be added to the website to make it more effective.

E. Permanency Planning Teams (PPT)

DCYF is committed to providing an environment for change. The traditional roles of the CPSWs have not been as effective as they ideally should have been in ensuring that each child's permanency goal is achieved within timeframes that are appropriate for his/her circumstances and case plan. Family Services CPSWs have traditionally focused on working with birth parents and reunification plans; Foster Care CPSWs have located, evaluated and supported foster families; and Adoption CPSWs have worked with children and adoptive families following the termination of parental rights.

Real, efficient and effective concurrent planning and permanency planning demanded a different organizational model. DCYF was committed to breaking down the boundaries among Child Protection, Foster Care, Independent Living and Adoption CPSWs and, as its first step, was able to acquire additional staff. A new position of Permanency CPSW has been implemented in each district office along with an Adolescent CPSW both of which are in addition to the existing Family Services and Foster Care CPSWs.

The next change is to establish a Permanency Planning Team (PPT) has been established in each district office. Each PPT is comprised of the same core group of staff: the Permanency CPSW, Adolescent CPSW, Administrative Case Reviewer and supervisor. Other PPT participants, depending on the case, could include the Foster Care Health Program nurse, other specialists such as the domestic violence specialist (DVS), the Licensed Alcohol and Drug counselor, and/or the Juvenile Probation and Parole Officer (JPPO).

The strength of the PPT is derived from the ongoing consultation and cooperative case planning among the team members lead by each case's primary CPSW.

Two other initiatives that complement the new staffing and new PPTs, are the addition of a Permanency Supervisor to oversee the training of and successful implementation of each district office's PPT, and a Permanency Team Steering Committee (PTSC) is just being created to develop

policy, define roles and responsibilities, resolve barriers and discuss the challenges the district office PPTs may be facing. The PTSC is comprised of Foster Care, Permanency and Adolescent CPSWs, Foster Care Health Program nurses, JPPOs, district office supervisors, and the Permanency Supervisor.

TRAINING PLAN

When the CFSR occurred in NH in 2003, the staff development and training program, for foster parents, DCYF employees, and relevant community stakeholders, was deemed a strength and not in need of change. . Nevertheless, given the mindset of always striving to train a best practice model, in fiscal year 2005 the DCYF Training Bureau began the process for making change in the staff training system.

DCYF contracted with the Institute for Human Services to assist in the change process. Focus groups were held throughout the state with staff and community stakeholders for input on how the training system could be improved to ultimately improve the services families and children receive. The DCYF five year plan also provided specific feedback and guidance for the changes that would need to take place.

The first and most significant change in the training system involves adjusting the current system to operate as a true Competency Based Training program (CBT), with a heavy emphasis on skill building . The CBT system would be applicable for all staff, regardless of position, i.e. family service worker, assessment worker, adolescent worker, permanency worker, supervisor, etc. Upon new hire all DCYF employees would receive the CORE training and thereafter, proceed on a "specialized" training track for their specific job function. Training would be sequential, building theory, practice and skill as appropriate for each employee (workers and supervisors) In addition to being stand alone workshops, the issues of domestic violence, mental health issues, and substance abuse will be woven as a thread through the CORE training modules.

Trainer development is one of the four major goals for the first two years of the five year Training Bureau strategic plan. This includes developing a system to recruit, screen and hire trainers. This

requires working in collaboration with community agencies, as well as experts in the field to provide CORE, specialized and related training.

With the start of the FY06 the Staff Development and Training Bureau has added a specific evaluation component to be able to continuously evaluate existing training programs and potential impact on families and children. The Bureau Administrator will guide the process for evaluating both foster parent and staff training. This involves working with both contractors, foster parent and staff training respectively, and the "evaluator" to begin the task of evaluating curricula and as a long term goal, ultimately, the impact on families.

It is through these collaborative efforts of all Training Bureau contractors working with the Training administrator and bureau staff, will work towards ensuring consistent messages to staff and foster parents on issues of child and family safety, stability and well being.

FOSTER ADOPTIVE RECRUITMENT

Description of the State's progress and accomplishments made with regard to the diligent recruitment of potential foster and adoptive families that reflects the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed. (See section 422(b)(9) of the Act.)

The annual statewide recruitment and retention plan is based on a needs assessment of the families needed to serve the children in the child welfare system and for whom there is not an identified family resource. The needs assessment is done locally and reflects the diversity of children served by the state. Matching the child with a resource foster home considers the foster parent ability to meet the needs of the child. DCYF does not delay placement into care due to matching issues and works with community members that represent different cultural, racial or ethnic backgrounds to build and support cultural competency within the resource family pool, and to ensure that resource families are culturally responsive to child(ren)'s needs regardless of whether they have different backgrounds.

SPECIFIC MEASURES TAKEN TO COMPLY WITH THE INDIAN CHILD WELFARE ACT (ICWA)

DCYF is committed to ensuring that provisions of Indian Child Welfare Act (ICWA) are meaningfully followed.

The population of American Indians in the United States in 1996 was 2,321,880, with more than 545 federally recognized tribes in other states. While one of the smallest minorities in the United States, American Indians are a very diverse group, representing a variety of cultures and traditions. According to an evaluation of the 2000 national census by Ndakinna Inc., residents reporting American Indian/Alaskan Native heritage comprise 1.6 percent of New Hampshire's total population.[1] New Hampshire does not have a federally recognized American Indian tribe residing within the state; however the indigenous people of this state include Abenaki people. The census indicated that the 7,885 American Indian/Alaskan Native residents of the state reported 4,876 tribal affiliations with federally recognized tribes.

Staff training on (ICWA) is incorporated into DCYF's Staff Development and Training Bureau's (SDTB) on going curriculum. For example, ICWA requirements are consistently reviewed in the Division's New Worker Core Training to enhance staff training and services provided to American Indian families and youth in New Hampshire.

As noted in the Child and Family Services Review (CFSR) statewide assessment, future policy revisions will require the identification and verification of all children's ethnicity during the assessment phase. Assessments must include all essential information including a child's ethnicity.

As noted in the Child and Family Services Review (CFSR) statewide assessment, future policy revisions will require the identification and verification of all children's ethnicity during the assessment phase. Assessments must include all essential information including a child's ethnicity. However current policy does not yet reflect the need to address ethnicity, and subsequently determine the applicability of ICWA, until a permanency hearing is forthcoming.

[1] Ndakinna Inc., P.O. Box 323 Union NH 03387, ndakkinainc@tds.net, 6/4/2004.

The October, 2002 Permanency Hearing policy (item #631) requires that the applicability of ICWA be addressed in the court report prepared prior to each permanency hearing. Though this is well after the assessment phase of a case, the Court Improvement Project's 2003 protocols require a review of the applicability of ICWA at the preliminary hearing[2] , Chapter 5, and the adoption hearing, Chapter 14.

A representative of the DCYF Child Welfare Committee is also involved with Ndakinna Inc, a New Hampshire based organization advocating for individuals who are of Abenaki descent. This representative began consultations with the Staff Development Bureau on 3/8/05 regarding development of a revised course curriculum, a contracted instructor, and specific materials and training goals to be utilized (see Staff Training, Goal A, Objective 2, action step c).

Staff Development Program Specialists are participating in the on line educational program provided by NICWA "A Family's Guide to the Child Welfare System" (**www.nicwa.org**).

Coordination with Tribes Regarding the Section 422 Protections for Indian Children

States are also required to report in their APSRs a description of the understanding, gathered from State consultation with Tribes, as to who is responsible for providing the protections for Tribal children delineated at section 422(b)(10) of the Act, whether they are in State or Tribal custody. Section 422(b)(10) of the Act requires assurances that the State is operating to the satisfaction of the Secretary--

- a statewide information system with the status, demographic characteristics, location, and goals for the placement of every child who is (or, within the immediately preceding 12 months, has been) in foster care;
- a case review system (as defined in section 475(5)) for each child receiving foster care under the supervision of the State;
- a service program designed to help children, where safe and appropriate, return to families from which they have been removed or be placed in a permanent placement; and

[2] New Hampshire District Court Court Improvement Project, Protols Relative to Abuse and Neglect Cases and Permanency Planning, Revised, April 2003

- a preplacement preventive services program designed to help children at risk of foster care placement remain safely with their families.

In addition, as another step toward integrating the range of Federal child welfare services with various cultures and age groups, we are asking States to report on the activities undertaken and progress achieved to fulfill the statutory requirement at section 477 (b)(3)(G) of the Foster Care Independence Act (Chafee Program)(P.L. 106-169). The State will describe how each Indian Tribe in the State has been consulted about the programs to be carried out under the Chafee Program; describe the efforts to coordinate the programs with such Tribes; and discuss how the State ensures that benefits and services under the programs are made available to Indian children in the State on the same basis as to other children in the State.

Recently, the Department issued a new HHS Tribal consultation policy. The policy lays out the expectation for consultation and the method of consultation that should take place. States that operate Federal programs for which Indian children are eligible are encouraged to become familiar with this document. ACF will be offering technical assistance and other help where needed in

consultation efforts. A copy of this policy can be found at: http://www.hhs.gov/ofta/docs/FnlCnsltPlcywl.pdf.

The Number Of Children Under The Care Of The State Child Protection System Who Are Transferred Into The Custody Of The State Juvenile Justice System.

According to a study completed by NH DCYF for the 2003 Child Welfare League of Americe (CWLA) State Child Welfare Agency Survey, 34 children had a DCYF case, followed by a new DJJS (Juvenile Justice) case. Ten percent of the youth in only DJJS cases on 11/13/2003 were children in prior founded DCYF assessments.

Activities that the State has undertaken for children adopted from other countries

The State of New Hampshire has twelve licensed adoption agencies available to families. All adoption agencies must be licensed by the State of NH, DCYF as a child placing agency. This allows the agency to conduct home studies, make placements of children, supervise the placements and file adoption petitions in the court of jurisdiction. RSA 170-E:27 states that " No person may establish, maintain, operate or conduct any agency for child care or for child-placing without a license or permit issued by the department…". RSA 170-E:30 allows the Division for Children, Youth and Families to examine the facility or agency, and investigate the program and person or persons responsible for the care of children. The institution or child-placing agency must obtain and provide receipts of approval of state and local requirements pertaining to health, safety and zoning. In addition, per RSA 170-E:29 DCYF conducts criminal records and central registry checks on staff employed by the agency.

In New Hampshire the child placing agencies meet every two months. They discuss current issues and concerns in the practice of adoption. The agencies have collaborated on standards for the placement of children in adoptive homes. These standards are based on New Hampshire law, agency policy and good practice. The standards are currently being reviewed and will be adopted as rules.

New Hampshire statute addresses specific adoption requirements for foreign adoptions. If the child is adopted from another country the adoption petition must include documentation indicating compliance with RSA 170-B:23. "Any person or any public or private agency, corporation, or organization, before bringing or causing any child to be brought into this state from any other state

or country for the purpose of adoption, or receiving such child in this state for such purpose, shall make application to the commissioner of the department of the health and human services. Such application shall be in the form prescribed by the commissioner and shall contain such information as the commissioner may require, including any information required to comply with the provisions of RSA 170-A. No placement of the child shall occur until permission has been obtained from the commissioner. No petition for adoption of a child from another state or country shall be granted in the absence of compliance with this section." This responsibility has been delegated to the Administrator for the Interstate Compact on the Placement of Children and the Adoption Unit within DCYF.

In addition, New Hampshire statute also addresses the legality of foreign adoptions. RSA 170-B:24 states "A decree of court terminating the relationship of parent and child or establishing the relation by adoption issued pursuant to due process of law by a court of any other jurisdiction within or without the United States shall be recognized in this state and the rights and obligations of the parties as to matters within the jurisdiction of this state shall be determined as though the decree was issued by a court of this state."

Information on children who are adopted from other countries and who enter state custody

Anecdotal reports indicate that there are about 12 children, who during SFY 04 have entered DCYF care after their adoption. The countries of origin included the Philippines & Russia. In all of these cases one common reason for the placement involved special needs of the children. One case also involved physical abuse of one child.

Data Collection

DCYF is presently able to integrate data collection on Intercountry adoption into its BRIDGES system. The Adoption Unit identified needed information and worked with BRIDGES staff to implement the change. DCYF will be able to use BRIDGES data to report on Intercountry Adoption in June 2005.

ADOPTION INCENTIVE PAYMENTS

Incentive Funds are used to continue to support three part-time positions to assist with post-adoption search and home study. Funds were also used to contract with a part-time consultant to develop and manage a streamlined intake system for post adoption services.

NH Senate Bill 335, effective, 1/1/05, allows adult adoptees that were born in NH to obtain a non-certified copy of their original birth certificate. This law, effecting RSA 5-C:16 and RSA 5-C16,I and II, has tripled the post adoption and search caseload. Many adoptees who have the names of their birth parents wish to have the agency complete the search and the initial contact. The positions have enabled DCYF to respond in a timely manner.

DYCF anticipates continuing successful initiatives that were developed using Incentive Funds. DCYF will participate in AdoptUSKids Recruitment Response Team project and intends to use Incentive Funds to supplement the contract. The project involves collaboration with Foster Adoptive Parent Association, who will develop a recruitment response team and create a post-adoption resource directory.

The DCYF Clinical Administrator position was created and filled in April, 2002. The Clinical Administrator works with the Adoption Unit to develop a plan to address the mental health needs of children who are moving toward adoption and to try to seek resources for wraparound services for children for children moving from residential and therapeutic care into adoption. During 2003 a clinical case review process was implemented. This has allowed us to identify and access appropriate therapeutic services.

Some funds are used to supplement child care for adoptive parents. In a few specialized cases funds have been used to support part of the costs of after care, including residential care for adoptive children.

CHILD WELFARE DEMONSTRATION PROJECTS

See Services; Project First Step

FINANCIAL AND BUDGET INFORMATION

DCYF assures that the percentage of funds the State plans to expend for each of the service categories under title IV-B, subpart 2 used for title IV-B, subpart 2, Promoting Safe and Stable Families will be provided for services defined under this grant, and will not be disproportionately diverted to other service areas that are more suitably provided through other funding streams. This is consistent with ongoing DCYF practice since funds through Title IV-B were originally received. As stated in the DCYF 2004-2009 Comprehensive Child and Family Services Plan, DCYF will distribute Title IV-B; subpart 2 funds by 20% proportionally among the following service areas:

a) Family Preservation
b) Family Support
c) Time Limited Family Reunification
d) Adoption Promotion and Support
e) Administration and other Service Related Activities

The federal 269 report dated 10/24/04 verifies that during FFY 2003, $10,770,379.00 were outlaid by state and local resources for the purpose of supporting Title IV-B activities. The New Hampshire State and local share of spending in 1992 for title IV-B, subpart 2 programs was $329,516.

DCYF utilizes IV-B funds to support children through the following services:

- Clothing
- Foster Care fire and Safety
- Miscellaneous District Office and State Office supports

During SFY 2003 $184,200 IV-B dollars were spent for foster care maintenance payments, adoption assistance, or child care related to employment or training. During SFY 2005, $119,320 IV-B funds were spent in these categories; therefore expenditures in these areas did not exceed NH DCYF's 1979 cap of $290,404.

CFS 101, Part I: Annual Budget Request

For Title IV-B, Subpart 1 & 2 Funds, CAPTA, Chafee Foster Care Independence Program (CFCIP) and Education and Training Vouchers (ETV):
Fiscal Year 2006, October 1, 2005 through September 30, 2006

1. State or ITO:	2. EIN:
3. Address: NH Department of Health & Human Services Division for Children, Youth & Families 129 Pleasant St. Concord, NH 03301	4. Submission: [ ] New [X] Revision
5. Estimated Federal title IV-B, Subpart 1 Funds.	$ 1,108,351
6. Total Estimated Federal title IV-B, Subpart 2 Funds. (This amount should equal the sum of lines a – f.)	$ 718,482
a) Total Family Preservation Services.	$ 143,696.40
b) Total Family Support Services.	$ 143,696.40
c) Total Time-Limited Family Reunification Services.	$ 143,696.40
d) Total Adoption Promotion and Support Services.	$ 143,696.40
e) Total for Other Service Related Activities (e.g. planning).	$ 84,158.00
f) Total Administration (not to exceed 10% of estimated allotment).	$ 59,538.40
7. Re-allotment of Title IV-B, Subpart 2 funds for State and Indian Tribal Organizations a) Indicate the amount of the State's/Tribe's allotment that will not be required to carry out the Promoting Safe and Stable Families program. $_____ b) If additional funds become available to States and ITOs, specify the amount of additional funds the State or Tribes is requesting. $_150,000_____	
8. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (no State match required) Estimated Amount $ 157,858_____, plus additional allocation, as available.	
9. Estimated Chafee Foster Care Independence Program (CFCIP) funds.	$500,000
10. Estimated Education and Training Voucher (ETV) funds.	$106,953
11. Re-allotment of CFCIP and ETV Program Funds: a) Indicate the amount of the State's allotment that will not be required to carry out CFCIP $_____. b) Indicate the amount of the State's allotment that will not be required to carry out ETV $_____. c) If additional funds become available to States, specify the amount of additional funds the State is requesting for CFCIP $150,000_____ for ETV program $_150,000_____.	
12. Certification by State Agency and/or Indian Tribal Organization. The State agency or Indian Tribe submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the ACF Regional Office, for the Fiscal Year ending September 30.	
Signature and Title of State/Tribal Agency Official	Signature and Title of Regional Office Official
Date	Date

SERVICES/ACTIVITIES	TITLE IV-B (a) I-CWS	TITLE IV-B (b) II-PSSF	(c) CAPTA*	(d) CFCIP* including ETV	(e) TITLE IV-E	(f) TITLE XX (SSBG)	(g) TITLE IV-A (TANF)	(h) Title XIX (Medicaid)	(i) Other Fed Prog	(j) State / Local / Donated Funds	(k) NUMBER TO BE SERVED [ ] Families [ ] Individuals	(l) POP. TO BE SERVED AREA TO BE SERVED	(m) GEOG.
1) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	$ 118,405.00	$ 143,696.40	$ 22,939.00			375,000.00		2,172,950.00	997,500.00	1,086,475.00		Reports of abuse/neglect	Statewide/ Reservation
2) PROTECTIVE SERVICES	$ 243,042.00		$ 102,919.00			1,500,000.00			1,260,000.00	0.00			
3) CRISIS INTERVENTION (FAMILY PRESERVATION)	$ -	$ -	$ -							0.00			
(A) PREPLACEMENT PREVENTION	$ 216,375.00	$ 143,696.40	$ 32,000.00			312,500.00				0.00		All children in foster care	Statewide/ Reservation
(B) REUNIFICATION SERVICES	$ 216,375.00	$ -	$ -			312,500.00				0.00			
4) TIME-LIMITED FAMILY REUNIFICATION SERVICES	$ 122,441.00	$ 143,696.40	$ -			100,000.00				0.00			
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	$ -	$ 143,696.40				50,000.00				0.00		All egligible children	Statewide/ Reservation
6) FOSTER CARE MAINTENANCE: (A) FOSTER FAMILY & RELATIVE FOSTER CARE	$ 119,320.00				5,366,333.00					1,086,475.00			
(B) GROUP/INST CARE	$ 48,297.00							13,288,441.00		6,644,220.50			Statewide/ Reservation
7) ADOPTION SUBSIDY PMTS.	$ -				2,090,061.00					1,045,030.50			
8) INDEPENDENT LIVING SERVICES	$ -	$ -		500,000.00						0.00			
9) ADMIN & MGMT	$ -	$ 143,696.40								0.00			
10) STAFF TRAINING	$ -	$ -	$ -		1,000,000.00					500,000.00			
11) FOSTER PARENT RECRUITMENT & TRAINING	$ 17,864.00		$ -		500,000.00	50,000.00				125,000.00			
12) ADOPTIVE PARENT RECRUITMENT & TRAINING	$ 6,232.00		$ -		400,000.00	25,000.00				100,000.00			
13) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	$ -								23,788,447.00	9,484,591.00			
14) TOTAL	$ 1,108,351.00	$ 718,482.00	$ 157,858.00	$500,000.00	9,356,394.00	2,725,000.00	0.00	15,461,391.00	26,045,947.00	20,071,792.00			

Division for Children, Youth and Families Strategic Plan, 2004-2009.

Child Welfare and Child Protection are human service endeavors that require continuous self-assessment, critical review, and adaptation to new understandings of Best Practice, legal mandates and collective social need. The DCYF strategic plan presents the direction that we believe will accomplish this continuous process.

A vital part of this five-year plan is the Agency's Program Improvement Plan, the result of New Hampshire's Child and Family Service Review (CFSR). During June 2003, both DCYF and DJJS completed the CFSR highlighted by onsite assessments completed during the week of June 9 through June 13. The CFSR process included case record reviews, focus groups, and interviews of family members, DCYF & DJJS staff, and community partners and stakeholders. The CFSR resulted in a statewide Program Improvement Plan, or PIP, which will focus on case practice and systemic improvements changes we needed to make to improve performance on national standards and outcomes identified during the CFSR. In text boxes, and in specific action steps, key points from the PIP are incorporated into the Five Year Child And Family Service Plan that follows. Moreover, the five Year Plan is presented in a way that is consistent with fundamental goals of the PIP: to optimize outcomes of the safety, permanence, and well being that is the right of every child served, and supported by the specific systems that contribute to these three fundamental goals.

Safety

Goal A: Protect children from abuse and neglect.

Objective 1: Assure optimal staffing.

P1.6.B: Improve the agency's capacity to meet the needs of children by reducing caseloads. (PIP: WB1.19.A)

Action step a: Using Council On Accreditation (COA) guidelines, the Bureau of Quality Improvement will work with the Child Protection Administrator to achieve and maintain COA recommended staff levels.

Status: Implemented

Additional district office Child Protective Service Workers (CPSW) positions have been approved; there will be at least two new specialists in each district office: a Permanency CPSW specialist and an Adolescent CPSW specialist.

Action step b: Using research based staffing standards; DJJS Field Service Administrator will establish and meet workload guidelines for DJJS staff.

Status: Under Review

Workload guidelines were drafted during this reporting period and are currently under review

Action step c: Using ABA guidelines as a reference, the Child Protection Administrator and the DHHS Chief Legal Counsel will establish and achieve available legal staff.

Status: Implemented.

New Hampshire Department of Health & Human Services DHHS Office of Legal Services provides a staff of attorneys devoted to DCYF Court related services. As of June 2005, there are seventeen full time field attorney positions, one part time field attorney position, two attorney supervisory positions and one Legal Services Director for DCYF. Fifteen field positions are

currently filled. One para-legal position is presently assigned to DCYF's largest district office located in Manchester.

While the ABA recommendation of 60 cases per child welfare attorney is considered in evaluating practical workloads for NH DCYF, additional clarification and research in this area is being sought. For example, further definition of a "case" is necessary.

In an ongoing statewide evaluation, the Legal Services Director is utilizing analysis including utilization of snap shots of attorney "workloads" and "caseloads", and plans to pilot some time sheets and other tools to capture and quantify attorney activity. This information will clarify current staffing levels and, if necessary, will provide qualified information supporting the need for additional positions.

Action step d: The Child Protection Administrator will work with the DHHS director of Administration to establish and meet appropriate levels of support staff in each district office.
Status: Accomplished
As of June, 2005, there are no vacant clerical support positions in the District Office DCYF Units. Waivers from the hiring freeze for all vacant clerical support positions in the District Offices were granted by the Commissioner and Governor. All such vacant positions have been filled.

Objective 2: Enhance the decision-making ability of staff to assess safety and future risk of harm to children from onset of DCYF involvement and on continual basis throughout duration of involvement.

Program Improvement Plan S2.3.A: Safety issues will be addressed through comprehensive and thorough assessments.

Action step a: Utilizing involvement of field CPSWs and supervisors, establish an ongoing process to evaluate the meaningful application of Structured Decision Making in the intake, Assessment, and Family Services stages of DCYF involvement with families.
Status: Accomplished, and ongoing.

The SDM Supervisory Case Reading system was implemented statewide in October 2004 to increase the consistent use of each of the SDM tools, reliability among workers'

completion and validity of case decision-making. The University of New Hampshire Department of Social Work students from the Program Evaluation course completed its summary of findings of the Supervisory Case Readings completed in the first three months of the process. Training for Family Services staff that encompasses SDM procedures, implementation issues and Bridges navigation procedures, began in January and to date has been held in four district offices.

Action step b: The Bureau of Quality Improvement and the Child Protection Administrator will ensure the involvement of organizations and individuals with recognized expertise specialized fields such as in domestic violence, substance abuse, sexual abuse, and behavioral health when evaluating and updating Structured Decision Making[3].

Status: Implemented.

A full time statewide coordinator of domestic violence interventions is on the staff of DCYF Bureau for Quality Improvement & Training (BQIT) and is involved in recommendations for SDM in the area of assessment and Best Practice interventions when Domestic Violence is co-occurring with child abuse or neglect. A full time consultant associated with DCYF's Project First Step program that addresses co-occuring Alcohol or Other Drug Abuse (AODA) and abuse or neglect is also supervised through BQIT and provides consultation for those areas of SDM that concern AODA.

The SDM Core Team, formerly conceived as Assessment and Family Services Oversight Committees, established, comprised of representatives from each D.O., some of whom are also members of the Intake/Assessment workgroup, to oversee the consistent application of SDM Intake and Assessment tools.

[3] **Note: Domestic violence, also known as "domestic abuse" and "intimate partner violence," is the establishment of control and fear in a relationship through the use of violence and/or other forms of abuse. The batterer may use physical abuse, emotional abuse, sexual abuse, economic oppression, isolation, threats, intimidation, and child abuse and/or neglect of children to control his intimate or former intimate partner. Domestic violence may differ in terms of the severity of abuse, but gaining and maintaining control is the primary goal of batterers. Domestic violence occurs in heterosexual, gay and lesbian intimate relationships, all ethnic and racial groups, and among all socio-economic and educational levels.** ***(State of NH, Governor's Commission on domestic and Sexual Violence, Office of the Attorney General's NH DCYF Domestic Violence Protocol, 2004)***

Action step c: Develop and provide semi-annual reports that address utilization and application of Structured Decision Making, and how this implementation effects DCYF performance relative to national CFSR standards.

Status: Initiated.

The SDM Case Reading Process was implemented in October 2004 and is ongoing. This process involves CPS supervisors, administrators and field staff reviewing SDM utilization in specific CPS cases, using a standardized review tool. So far, supervisors have completed case reads on over 500 assessments and/or cases. The Case Read Process, combined with other data analysis, will provide the content for the regular SDM reports.

One draft report, issued during 2004 on this process was the outcome of a graduate student research project. The draft was helpful in determining the elements and presentation in the on-going reports.

Action step d: Structured Decision Making reports on current use of SDM tools will be provided to supervisors at Leadership meeting. (*Adapted from* ***PIP S2.3.B)***

PIP S2.3.B: Structured-Decision-Making (SDM) is used where it should be, how it should be and at key intake and assessment decision points.

Status: Initiated.

DCYF BQIT and the Child Protection Administrator coordinated an SDM Core Group, responsible for evaluating both use and effectiveness of SDM. The SDM Core Team reviews SDM and other data, and current case practice to determine if the Intake and Assessment procedures or tools need modification. Discussion of this process was reviewed at the September 2004 Leadership Meeting.

Objective 3: Assure clinical efficiency of outcomes.

PIP S2.4.C Regular and ongoing review of practice issues relative to assessment and family services scheduled.

Action step a: The Child Protection Administrator, Clinical Administrator, and Bureau of Quality Improvement Administrator will provide ongoing supervision of utilization of decision making tools and processes used by staff in making clinical judgments.

Status: Implemented

During 2004, DCYF established an SDM Core team that reviews the components of the SDM system, the decision each tool is designed to guide and the timeframe in which each is completed. DCYF continues to focus on five principle areas:

1. The review and integration of SDM policies and procedures into existing DCYF policy;
2. The review and updating of the integration of the SDM tools into Bridges as well as improving the SDM user interface for DCYF staff;
3. The identification of current SDM related training and technical support needs with supervisors and administrators;
4. The delivery of the needed training and technical assistance using both the DCYF Staff Development and Training Unit and the Children's Research Center (CRC); and,
5. The development of management reports that reflect district office practice as well as provide information regarding SDM's impact on case practice and case planning.

The SDM Supervisory Case Reading system was implemented statewide in October 2004 to increase the consistent use of each of the SDM tools, reliability among workers' completion and validity of case decision-making. The University of New Hampshire Department of Social Work students from the Program Evaluation course completed its summary of findings of the Supervisory Case Readings completed in the first three months of the process. Training for Family Services staff that encompasses SDM procedures, implementation issues and Bridges navigation procedures, began in January and to date has been held in four district offices.

Action Step b: Utilizing case record reviews and on-site observations, the Child Protective Services Administrator and Assistant CPS Administrators will ensure that CPS supervisors

promote CPSW interventions that are consistent with timeliness of investigations, agency mandates, and the agency mission.

Status: Implemented

The CPS Administrator and three Assistant CPS Administrators who oversee the DCYF operations in the twelve district offices monitors that case practice is consistent, effective and reflects best practice. Administration has incorporated case practice related issues into monthly Leadership meetings that are attended by district office supervisors and state office administrators.

Best practices and practice issues observed in the local offices are brought to Leadership for discussions and direction. Thus far items such as visitation, family involvement in case planning, timeliness of assessments and practices, concurrent planning and permanency planning have been covered at these statewide meetings.

Action step c: Through case supervision, reviews of record documentation, and consultation with community stakeholders, CPS supervisors will ensure that CPSWs are engaging in meaningful contact with professionals and other individuals who are co-involved with children and families referred to DCYF for assessment.

See Action step a above

In addition to the Case Practice Review and the SDM Case Reading Processes described previously, formal referrals protocols were drafted and adopted for those offices in which s (DVS) and Licensed Alcohol and Drug counselors (LADC) are out-sourced.

These referral protocols use a referral form as a tool in which the supervisor identifies those conditions that warrant either a consult or direct involvement of the DVS and/or LADC. The form also provides the supervisor with documentation from the CPSW that the action directed by the supervisor was followed through. The forms are used by the DVSs and LADCs to track referrals from CPSWs in each office.

See Also:

Attachment II; DVS Referral form

Attachment III; LADC Referral form

Domestic Violence Specialist Program

Project First Step

Action step d: DCYF Administration for child protection will implement a process in which (1) Promising case practices and (2) practice issues are reviewed during the Case Practice session of each month's Leadership meeting for problem-identification and resolution. ***(Adapted from PIP S2.4.C.1)***

Status: Implemented

Best practices and practice issues observed in the local offices are brought to the statewide supervisor's Leadership meeting for discussions and direction. During 2004, items such as visitation, family involvement in case planning, timeliness of assessments and practices, concurrent planning and permanency planning have been topics under review and discussion.

DCYF Administration incorporates Program Improvement Plan related discussions into each of the monthly supervisory/administrative meetings to inform staff of new/revised policies, to identify models of good practice, and/or areas where problems have arisen and to identify plans for action to resolve problems and to continue good practice. Case practice issues for these meetings are selected for review, discussion and resolution because of their importance and relevance to the field, such as the quarterly State and District Office Data Reports, Assessment Supervisory Reports and Family Services Supervisory Reports.

Objective 4: Increase availability of specialized service providers to all areas served by DCYF.

Action step a: Utilizing methods such as CPSW surveys, reports from Structured Decision and Administrative Case Reviews, and Case Practice Reviews, the Family and Community Services Administrator and CPS Administrator will identify, by district office, specialized services needed by children and families, including: substance abuse councilors, dentists, mental health professionals, and practitioners who work in batterer intervention and with sex offenders. (*Adapted from PIP: WB1.17.F)*

Status: Implemented

1. During 2004, current service array information was obtained for all district offices. Work plans to formally incorporate this information into DCYF services are now being developed in collaboration with DO supervisors and Individual Service Option (ISO) teams: The projected date of completion of these work plans is 06/30/2005. Assistant CPS Administrators will review the district office work plans to assure consistency of effort with other district office and state office initiatives.
2. DJJS Field Services administration will meet with the Community Relations Managers to address DJJS service array in the same fashion.
3. NH Bridges is addressing SACWIS Requirement to "identify and match services to meet the client's case plan needs" which will enhance search for needed services; estimated timeframe is 06/2006 (See also "Safety, Objective 3, action step c").

Action step b: Utilizing resources such as an inventory of certification requests maintained by state office and monthly report outlining status of applications for certifications to be developed, the Quality Improvement Administrator and Fiscal Services Administrator will identify and enroll as DCYF providers, specialists in areas identified in action step a. *(Adapted from PIP: WB1.17.F.1)*

Status: In Planning

NH Bridges is addressing SACWIS Requirement to "identify and match services to meet the client's case plan needs" which will enhance search for needed services; estimated timeframe is 06/2006 (See also "Safety, Objective 3, action step c").

Action step c: By June 2004, the DCYF Fiscal Services Administrator in collaboration with the Certification Program Specialist will implement a workgroup for the purpose of reviewing the provider certification process, as well as barriers to timely certification identified. This workgroup will identify, develop and implement and corrective action plans targeting barrier resolution to certification. *(Adapted from PIP: WB1.17.F.1.a)*

Action steps a,b,c

The Department of Health and Human Services has been reorganizing and, though much of the reorganization planning is completed, provider enrollment and certification procedures and staff

may still be reorganized. Until this is certain, tasks related to this action step and PIP WB17.F have been on hold.

Action step d: By 8/31/2005, the DCYF Policy Bureau Program Specialist will draft, and distribute approved policies and administrative rules addressing certification of providers, including requirements for those providers to maintain practice that is consistent with DCYF Best Practice, DCYF Protocols on Law Enforcement, Sexual Assault, and Domestic Violence. *(Adapted from PIP: WB1.17.F.1.c)*

Status: Initiated
New DHHS Administrative rules (He-C 6352.13) concerning home-based counseling services were released on January first, 2004. These rules contain specific requirements that those agencies certified as providers by DCYF must be familiar with and follow mental health and child protection protocols developed through the Governor's commission on domestic Violence and Sexual Assault, and the NH Attorney General's Office.

Further review by the Program Specialist for Policy and Administrative Rules resulted in a decision that the language requiring familiarity with and practice of the DCYF and Mental Health Domestic Violence Protocols will be included in all administrative rules governing certification and billing of providers bys 12/31/2006.

While this action is in progress, the requirements identified above have been incorporated in RFPs and subsequent contracts that address Comprehensive Family Support Services.

These protocols can be accessed through the web site below:

http://doj.nh.gov/victim/domesticprotocols.html

Objective 5: DCYF will incorporate consistent child safety and risk assessment tools into interventions and services related to CHINS and Delinquency. (Adapted from PIP S2.4.D)

Action step a: DJJS will review statewide data for patterns of risk and protective factors. (***Adapted from PIP*** S2.4.D.1.a)

Status: Implemented

Beginning in 2004, DJJS began using the DJJS Risk/Needs tool to identify risk and protective factors for youth under supervision. The Health Information Center at the University of NH has helped to compile the data to date and is assisting with the analysis of important trends and their implications for case practice (See Attachment V).

Action step b: DJJS will develop guidelines, policy, and supervision plan format. (***Adapted from PIP*** S2.4.D.1.b)

Status: Initiated

DJJS developed a draft Service and Supervision Plan that is currently under review by administration, field supervisors, and the DJJS Planning Group, which is composed of field JPPOs and program specialists.

Action step c: Utilizing DHHS and other state and federal sources for technical support, DJJS will integrate a comprehensive Risk/Needs Assessment into the State Automated Child Welfare Information System (NH Bridges). (***Adapted from PIP S2.4.D.1.c)***

Status: Under Review

During this reporting period, the DJJS administration began reviewing change request requirements for including a DJJS Risk Assessment tool into NH Bridges, and the timeline in which that change can be successfully undertaken. The project was submitted for inclusion in the Department's IT plans for 2006-07. Prioritization may delay implementation of this change request until 2008-09. DJJS is continuously reviewing alternative resources that would allow for moving this timetable up.

Objective 6: Improve statewide agency performance on CFSR National Standards that measure safety.

PIP S2.3.D: CPS and Legal Services Administrator to work with Court Improvement Project administrator to assess and address reasons for delays in adjudicatory hearings which can result in delayed access to services.

Action Step a: Through the Court Improvement Project 2003-2006, the Child Protection Administrator and the Bureau of Quality Improvement and Training Administrator will research and report on the factors causing delays in court hearings.

- Court files and stakeholder surveys which will include judges, DCYF and DJJS staff and supervisors will provide data for this assessment. (*Adapted from PIP **S2.3.D)***

Status: Implemented

The Court Improvement Project (CIP) project went through its recent assessment that identified a plan for a strategic review of practices. The ABA was contracted to review files and facilitate stakeholder meetings to assess the work in the Manchester and Nashua offices and courts. The CIP Re-Assessment Report is currently being drafted and will be made available to DCYF. Part of the review included surveys which have been shared with DCYF and are used as part of the CIP/DCYF Administrators trainings at each office.

Action Step b: Through the Court Improvement Project, the NH Family/District Court system, DCYF, & DJJS will develop and will act on recommendations to address delay issues identified in Action step a by 12/30/05.

Status: Implemented

By 12/30/2005, DCYF, DJJS, and the CIP and CPS administrators agreed that the first step in addressing delay issues is to ensure that all DCYF and DJJS staff have a thorough understanding of the Protocols. As aresult, CIP and CPS administrators have been co-facilitating training of the revised Protocols Relative to Abuse and Neglect Cases and Permanency Planning and the related Abuse and Neglect Court Forms in each of the district offices. The trainings have been conducted throughout the winter and spring of 2004-05 with a final presentation held at the 13th Annual DCYF Conference on May 12 and 13 2005 where all district office staff that have not been able to attend a previous session were trained. In addition, the CIP and CPS administrators have scheduled two additional trainings by August 2005 for all newly hired or transferred staff who were unavailable to participate in previous trainings.

Action Step c: DCYF will institute practices that address regular evaluation and reporting on the tools and processes in place that assist essential interventions and case related decisions.

Status: Accomplished

The Structured Decision Making Case Read Quality Improvement process was established in each D.O. beginning Oct. 2004. Supervisors are expected to review at least one assessment/case per worker.

The Family Service SDM "refresher" training involving a core team member and a Bridges staff person began in January, 2005 and is ongoing - training occurs at the district office. Seven offices were completed by June 15, 2005, with the balance to be completed by December 2005.

Case Practice Reviews were formally initiated in January 2004 and are scheduled to complete their first cycle in every district office through November 2005.

In addition, BQIT coordinates a periodic random quality check of the supervisor case readings to ensure consistent use of the SDM tools by supervisors throughout the state.

Objective 7: Continue to inform public and maintain awareness regarding child abuse and neglect and DCYF interventions.

Action step a: Utilizing Speakers Bureau and other formal HHS processes, maintain regular public education campaigns that address community responsibility to respond to child abuse and neglect.

Status: Initiated and ongoing

DCYF continued ongoing public education through a number of forums during this reporting period, including:

- Keeping Kids Safe workshops, held each April targeting approximately 150 teachers and other professional reporters who attend from throughout the state,
- Annual Plus Time conference, with an audience of child caretakers who work with children in after school programs, and
- The First Annual Prevention Summit held for a statewide audience in Concord NH on May 4, 2005.
- The NH Dept of Education continues to coordinate training with DCYF on Mandated Reporting and Recognition of Symptoms of Child Abuse and Neglect, utilizing the Attorney General's Task Force on Child Abuse and Neglect Educational Protocol (see http://doj.nh.gov/victim/pdf/education.pdf).

DCYF supervisors continue to provide public education at a local level about all facets of child protection and DCYF services.

Action step b: DCYF will coordinate and launch a public information campaign about BRIDGES confidentiality, and how confidentiality measures preserve family privacy.

Status: Initiated

The DCYF/DJJS Speaker's Bureau provides information for all staff who are invited to present agency information at public forums. The right of privacy regarding a family's personal information in all DCYF records is part of the presented information. The speaker's Bureau is currently reviewing how public messages can include language specifying Bridges records.

Goal B: Assist and support families in their efforts to maintain safety for themselves and their children in their own homes and communities.

Special consideration: Objectives and action steps that follow in this section are designed to ensure that specific individuals and families referred to DCYF can access supports and preventive services that resolve their particular needs.

Objective 1: In DCYF interventions, expand public access to services that prevent child abuse and neglect.

Improve array of and staff's knowledge of prevention services. (PIP S2.3.C)

Action Step a: DCYF will increase training and awareness building to ensure that field staff and supervisors have essential knowledge about community resources recognized as effective in primary and secondary child abuse/neglect prevention.[4]

See Action Step b below

Action Step b: DCYF will develop policies that promote access to community based resources to support family members and prevent child abuse/neglect.

Status: Initiated and ongoing

As part of the 1999-2004 five year plan, DCYF, in a partnership with the New Hampshire Children's Trust Fund and a network of community agencies, Family Support New Hampshire (see **http://www.nhctf.org/default.asp?PageID=4517**), initiated a collaborative effort directed at prevention of child abuse and neglect through a Comprehensive Family Support program. While families can be referred to participating community agencies through a variety of methods

[4] In the context of child abuse, primary prevention is defined as any intervention designed for the purpose of preventing child abuse before it occurs. This definition encompasses what some authorities have defined as secondary prevention. MacMillan HL, MacMillan JH, Offord DR, Griffith L, MacMillan A. Primary prevention of child physical abuse and neglect: a critical review. Part I. J Child Psychol Psychiatry 1994;35(5):835-56

[4] Secondary Prevention activities [are] designed to intervene when risk factors or early indicators of substance abuse, such as marital strife or poor school performance, are present. This also refers to prevention strategies designed to lower the rate of established cases of a disorder or illness in the population (prevalence).[4]
http://preventionpartners.samhsa.gov/resources_glossary_p2.asp

including self-referrals, formal referrals through DCYF are conducted in accordance with DCYF Voluntary Service Policy 798 (Please refer to Attachment I).

Action Step c: DCYF will engage with community resources recognized as effective in primary and secondary child abuse/neglect prevention, in order to design and produce protocols that increase access to essential supportive services by individuals identified by DCYF.

Status: Initiated.

The DCYF administrator of both the CAPTA and the Safe and Stable Families grants is a member of the board of directors of the New Hampshire Children's Trust Fund (NHCTF). (See **http://www.nhctf.org/**) The NHCTF is New Hampshire's designated CBCAP receiving agency, and in 2005 became New Hampshire's chapter of Prevent Child Abuse America.

Action step d: DCYF supervisors will ensure that policies and protocols addressing access by families to prevention services are being followed.

DCYF assessment policy 681 identifies linking families with prevention services as a primary role of the CPSW. This policy states:

The initial assessment of abuse and neglect strives to assess and secure the immediate safety of the child or children. It is also used as an opportunity for the education of parents and family members in an effort to prevent abuse and neglect of children. The initial assessment needs to determine, based on the strengths, needs, and resources of the family, whether community-based services may be appropriate in providing additional or alternative assistance.

As part of DCYF's Program Improvement Plan Management Report, supervision is being tracked monthly, by district office performance, and is reviewed and discussed by administrators with individual supervisors and is reviewed at the monthly statewide supervisor Leadership meetings.

Action step e: Through NH BRIDGES, and Structured Decision Making Screens, establish reports that document the number of families referred to DCYF who are linked with local family resource and support programs.

Status: Implemented

When conducting individual case reviews it has been historically evident that CPSWs engage and connect families to community resources. Documenting those referrals in such a way that it is reportable through DCYF's SACWIS, NH Bridges, is a primary goal of this five year plan. One method includes analysis of picklist information captured on the Assessment/findings and the Assessment /close screens on NH Bridges. Current reports can identify the percent of assessments in which there was a referral to a community agency. The table below illustrates the overall documentation in assessments as described above. These data are presented in DCYF's monthly management reports. CPS administrators review this information, with individual supervisors, and as a group at statewide supervisor Leadership meetings.

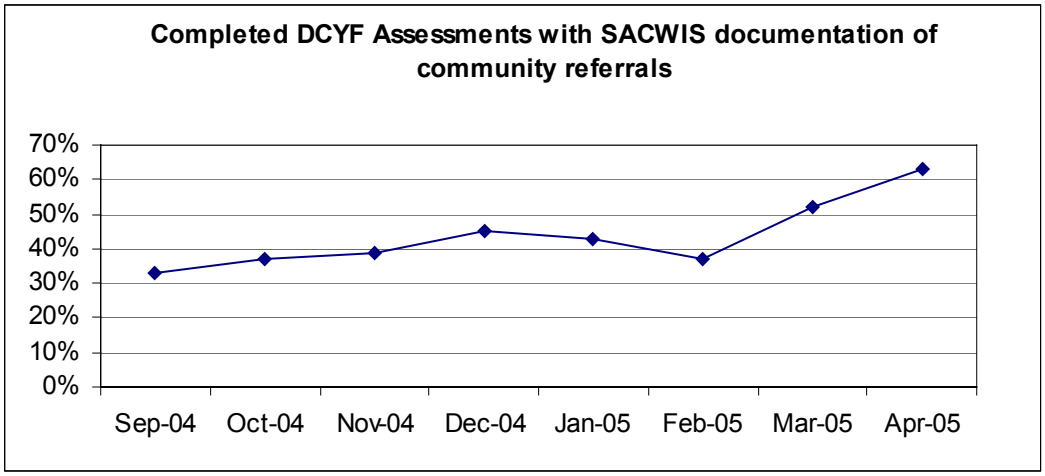


Table 1: Documentation on NH Bridges of community referrals.

The average percent of documented community referrals during the eight-month time period identified above is 44%. DCYF proposes that there will be an average annual increase of 10% in this documentation.

Action step f: Through scheduled case reviews conducted at monthly Leadership meetings, the CPS Administrator and CPS Assistant Administrators will:

- Identify parents who present specific contact challenges for establishing a schedule of visits, e.g., second or third shift jobs, incarceration, frequent moves, homelessness, unclear immigration status,
- Review policy and training that addresses visitation and client contacts and

- Develop case-specific strategies that result in the ability to maintain predictable and frequent visitation and contact strategies. *(Adapted from PIP: WB1.20.B)*

Status: Accomplished.

CPS Assistant Administrators collect case examples and present at Leadership meeting to (1) develop case-specific strategies if needed, and (2) to assess whether current policy and training curricula are adequate.

DCYF allows D.O. supervisors to have CPSWs work alternate schedules in order to, among other activities, meet with parents beyond regular business hours. At present most district offices have one or more staff on alternate schedules.

Objective 2: Enhance community array of services available to each family in order to maintain children safely in their own home.

Action step a: DCYF will engage with community resources recognized as effective in primary and secondary child abuse/neglect prevention, in order to design and produce protocols that increase access to essential supportive services by individuals identified by DCYF.

Status: Implemented

See Comprehensive Family Support

By June 2005, the DCYF Family Services Administrator of the Bureau of Community and Family Support coordinated the contracting process for 10 community-based agencies to provide Comprehensive Family Support to all areas of New Hampshire, with the exception of the Carroll County (Conway District Office). Services to Carroll County are currently available through an existing contract through 6/30/05. The Family Services Administrator of the Bureau of Community and Family Support is researching contracting efforts that will ensure Comprehensive Family Support to this area of the state. All contracts provide for "level two" services, which include enhanced home visiting and respite care.

In addition to the program above, DCYF is in partnership with the New Hampshire Children's Trust Fund to ensure blended services that ensure availability of primary and secondary prevention services throughout the state. (See New Hampshire Children's Trust Fund)

Action step b: Utilizing existing community initiatives such as "wraparound", increase collaboration to address family specific situations.

Status: Initiated

By June 2005, the DCYF Senior Psychiatric Social Worker completed an inventory of all district offices, and confirmed that there are either active ongoing wraparound teams, or interagency teams that function on an ad hoc basis. Active teams include the CARE NH district offices, Berlin, Littleton, and Manchester.

Objective 3: Create and maintain an ongoing updated statewide inventory of existing critical community based services.

Action step a: The Bureau of Quality Improvement and Training Administrator and the Family and Community Services Administrator will identify service and access gaps using available community resources such as forums, family surveys, and complaint forms.

See action step c below.

Action step b: In consultation with the Family Resource Connection, and NH Helpline, the Bureau of Quality Improvement and Training Administrator will incorporate information from action step a, and other key information about community based resources, into a statewide computerized resource.

See action step c below.

Action step c: DCYF will research and promote computerized access by DCYF to a resource guide regarding community-based services.

Status: Action Steps A, B, & C: Implemented

NH DCYF's SACWIS, NH Bridges, is the comprehensive case management system that combines CPS and juvenile justice record documentation, Structured Decision Making, policy, and service provider, as well as expenses related to all services paid by DCYF/DJJS. In this reporting period, modifications to NH Bridges were initiated to enhance the ability of DCYF/DJJS staff to locate local community resources that meet individual needs of families involved in the child protection or juvenile justice system.

Users will be able to quickly search for appropriate client-provider matches using multiple criteria. This will reduce the amount of time dedicated to searching for services and providers and return more meaningful search results.

As an aid in case planning, the new search function may be used when a worker needs to find a service or provider for a client, but does not have a specific provider in mind. It may also be used to locate all providers, of any service, who specialize in or work with clients who have specific characteristics.

The provider enrollment area will include several new data fields to collect additional information, including service specialties, and client population specialties. It will continue to make use of the "client characteristics unwilling to accept" field. There will be additional details, including language(s) spoken by provider.

A worker may search for providers of a specific service or search within an entire category of services. For example, the worker may specify "Individual Counseling," or search the entire category of "Mental Health," which includes Individual Counseling, Alcohol & Drug Abuse Individual Counseling, Alcohol & Drug Abuse Group Counseling, Diagnostic Evaluation, Family Counseling, and Group Outpatient Counseling."

Most powerfully, the worker may leave the category and service criteria blank, and search for any provider who specializes in a specific client characteristic, such as "Fire Setting" or "Sexual Abuse Victim." Workers may also search for all providers who speak a specific language. Results may be narrowed by specifying a town, county, category of service, and/or service.

In addition to Client Population Specialties, workers may search for Provider Service Specialties. For example, within the service of "Group Outpatient Counseling," workers may search for "Batters' Group," and under "Physician's Services," the specialty of "Sexual Abuse Physical Exam."

GOAL C: Enhance families' abilities to be advocates for themselves and their children.

<u>Objective 1:</u> Continue to support positive family strengthening through local family resource and support programs.

Action step a: Using the contracting process, the Bureau of Quality Improvement and Training Administrator and the Family and Community Services Administrator will encourage consistent assessment and reporting about: people who access services, evidence of involvement in programs offered, and evidence of effectiveness of those programs.

Status: Implemented

DCYF initiated new contracts with family resource centers and other community based agencies to provide Comprehensive Family Support (CFS) services to all communities in New Hampshire. These contracts require consistent reporting by contracted CFS agencies on the following information:

- Number of families enrolled at the beginning and end of the month;
- Number of referrals;
- Number of families receiving TANF, Healthy Kids Gold/Silver;
- Number of terminations;
- Total number of units of services delivered;
- Number of childcare cases and utilization data;
- YTD unduplicated childcare count;
- Narrative regarding impact of the services provided for families; and
- Community impact of the services provided.

All Contracting agencies are required to submit a report highlighting the program activities for each quarter. This report shall describe the progress in achieving the stated outcomes and also include feedback from families as to the effectiveness and satisfaction of the contracted services. The satisfaction survey benchmarks should demonstrate a minimum of 80% rating of consumer satisfaction each year.

Contractors will also submit an annual report to DCYF that includes, but is not limited to, information regarding accomplishments and activities for the program as well as recommendations for service development and outcomes, systemic barriers and family satisfaction survey results.

Action step b: The Family and Community Services Administrator will promote statewide use of consistent evaluation outcome tools to track outcomes from all family resource and support programs.

Status: Initiated

The New Hampshire Children's Trust Fund, DCYF and Family Resource Information, Education, and Network Development (FRIENDS), a national nonprofit based in Chapel Hill, North Carolina, to promote the adoption and utilization of outcome measurement tools that will help to assess the efficacy of community based prevention services.

"While providing evaluation-related training and technical assistance to CBCAP programs, FRIENDS staff learned that prevention programs often focus on very similar participant-centered outcomes. Additionally, many State CBCAP administrators expressed interest in a method to collect and compare information on these similar outcomes from the wide variety of programs they help to fund. In response, FRIENDS pulled together a task force of parents, CBCAP administrators and prevention program staff to develop a tool for measuring outcomes that are shared across prevention programs. The *Family Support Program Outcome Survey* is the product of their efforts.

The Survey asks parents to rate changes that occurred as a result of receiving family support services. The survey solicits both quantitative and qualitative responses to items related to prevention factors such as access to formal and informal support systems, parenting skills, advocacy and ability to meet basic needs.[5]"

During early 2005, community agencies involved in this network completed a piloting process that included minor adaptations that fit conditions unique to New Hampshire. New Hampshire Children's Trust Fund provided trainings for agencies throughout the state to ensure proper application of the assessment tools.

[5] http://www.friendsnrc.org/priority/evaluation.asp#survey

Action step c: Using annual reports incorporating the evaluation measures designed through action step b, DCYF will engage in a statewide public awareness and education program about local family resource and support programs.

Status: Initiated

Information obtained through action steps a and b above will be incorporated into existing public awareness initiatives by June 2006.

Objective 2: Increase the partnerships between DCYF staff in the district offices and the local family resource and support programs.

Action step a: The DCYF Child Protection Administrator, the DJJS Field Service Administrator and the Family and Community Services Administrator will ensure all CPSWs and JPPOs are familiar with local family resource and support programs and the DCYF Voluntary Services Policy.

Status: Initiated

Training on DCYF Voluntary Services Policy has been completed. Information on the policy was distributed to all DJJS offices.

Action step b: The Family and Community Services Administrator and the Bureau of Quality Improvement and Training will Engage local family resource and support programs in helping families access Voluntary Services, in ways that meet safety, stability and well being of children.

Status: Implemented

During this reporting period, DCYF hired a full time Family Support Program Specialist who is responsible for coordinating awareness building and education outreach to increase access to voluntary Services. This Program Specialist will be working with the Bureau of Quality Improvement and Training as a consistent liaison between Comprehensive Family Support agencies and DCYF/DJJS.

B. Permanency

GOAL A: Decrease the average length-of-stay and the number of placements for children who are in temporary out of home care.

See also, Case Review- Goal A; Service Array-Goal B.

Objective 1: Ensure simultaneous attention to concurrent reunification and permanency plans, to reduce barriers to permanency for children.

CPSWs specializing in permanency-related issues and CPSWs specializing in adolescent-related issues will be added to each D.O. A "Permanency Planning Team" (PPT) will also be added as a function of each D.O. with Permanency and Adolescent CPSWs and Foster Care CPSWs as standing members. PIP P1.5.A.1 See also Item #6 (P1.6.B) and Item #7 (P1.7.A)

Action step a: Permanency social workers will be assigned to each District Office by June 30, 2005.

Status: Accomplished

CPSW positions specializing in permanency-related issues and in adolescent-related issues have been added to each District.Office.

Action step b: A training program will be developed and provided for Permanency social workers by June 30, 2005.

Status: Accomplished

DCYF provided six days of specialized training for Permanency Workers from February 2004 through February 2005. The training covered a broad array of topics related to permanency planning, adoption services and preparing children for permanency. A full day was also provided in the area of permanency mediation.

Action step c: By June 30, 2006, DCYF will implement an advanced training program for Permanency social workers, involving at least two days of training per year.

Status: Initiated

The DCYF Staff Development Steering Committee is currently in the process of developing a specialized training curriculum, which will include advanced training for Permanency Workers. DCYF provided a one-day training for Permanency Workers about mediating open adoption in April 2005. A follow up day is scheduled for autumn 2005.

Training that addresses preparing children for Adoption was offered in 2005 as a pilot to small group to permanency and supervisory staff. The focus of the training was on the grieving process that children often experience with the process of separating from their birth parents. The purpose of the pilot was to assess whether the program will become a regular offering for Permanency CPSWs.

Action step d: By June 30, 2005, Permanency teams will be established in each District Office to facilitate early permanency planning for children who may not return home.

Status: Accomplished

A "Permanency Planning Team" (PPT) is now functioning in each D.O. with Permanency and Adolescent CPSWs and Foster Care CPSWs as standing members. The PPTs review cases for which the permanency goal is other than reunification. See also PIP Item #6 (P1.6.B) and Item #7 (P1.7.A)

During the early part of 2004 the concept was introduced to staff, and the PPTs began meeting on a regular basis. Their first task was to review the permanency goals of older youth in care and to look at barriers as well as and opportunities to make new connections. By May 2004, all District Offices had functioning permanency teams. A Permanency Program Specialist has been working with all of the teams to oversee the training of and implementation of each district office's PPT.

The Permanency Team Steering Committee, made up of representatives of the core members, is

currently meeting to develop policy, define roles and resolve any barriers to effective implementation of this new initiative.

Results of Implementation of PPT's during 2004:

Priorities addressed in PPT meetings were:

1) Oldest youth in care,
2) Children who had been in placement at least nine months, and
3) Children who are scheduled for a permanency hearing.

Of 258 Cases reviewed, the table below summarizes changes to the child's plan as a result of the PPT process:

Plan prior to PPT meeting	# of Cases reviewed	Changes as a result of PPT
APPLA	111	19 changed to Adoption 5 changed to reunification
Adoption	103	1 changed to APPLA
Reunification	35	11 changed to Adoption
Guardianship with a Relative	9	1 changed to Adoption

Action step e: By June 30, 2006, DCYF will develop and activate a Permanency Team Steering Committee.

Status: Accomplished

The Permanency Team Steering Committee is established and has been meeting regularly since May 7, 2004. This steering committee has provided a forum to address any issues related to the permanency teams. The members of the committee represent each of the core members on the teams. A subcommittee was formed to develop policy, which describes the permanency options, the function of the permanency teams, and the roles and responsibilities of its members. This policy is currently in draft form.

Action step f: By June 30, 2006, DCYF will develop and incorporate into practice a Permanency Team monitoring tool, with identified benchmarks, and a quality assurance process.

Status: Implemented

A Permanency Review Form (#2275) was developed and implemented in October of 2004. This form is completed on each case review and the data is aggregated for a quarterly report. The report tracks information that includes the permanency goals, and the barriers to achieving permanency. This form is currently being reviewed and aligned with administrative case review and Permanency Plus data to develop consistent data fields in NH Bridges, identify new fields and facilitate consistent reporting using DCYF's SACWIS.

Objective 2: While their children are in temporary out of home care, birth parents will be connected with necessary and appropriate services to resolve those issues that have been identified to be potential risks for abuse and neglect.

Action step a: Utilizing NH Bridges, Structured Decision Making, and the Case Practice Review process, the Bureau of Quality Improvement and Training and the Child Protective Services Administrators will review the assessment process and evaluate identification of family strengths and needs.

See:

Structured Decision Making

Case Practice Review

(See also, Safety: Goal B, Objective 1, Action step e)

Status: Accomplished

Supervisors from every district office attend DCYF monthly Leadership meetings. During this reporting period, The Child Protection and Bureau for Quality Improvement Administrators initiated regular reviews of the Assessment Supervisory Report (ASR). The ASR measures documented response time to referrals approved for assessment, timeliness to documented assessment closure, documented referrals of families to supportive community agencies, number of child victims associated with a prior founded assessment during the past six months, and number of supervision sessions in each district office.

Action step b: Utilizing NH Bridges, Structured Decision Making, and the Case Practice Review process, the Bureau of Quality Improvement and Training and the Child Protective Services Administrators will ensure that DCYF refers families to services that address identified needs to help optimize strengths to address the areas of needs.

Status: Implemented

As stated in Action step a above and in **Safety: Goal B, Objective 1, Action step e**, the ASR tool is used monthly at statewide supervisor meetings to promote accurate documentation that indicates connection of families to supportive services. During this reporting period, documented referrals of families in DCYF assessments increased from about 32% to over 60% from September 2004 through April 2005.

Action step c: Utilizing statewide Leadership meetings, DCYF Child Protective Services Administrators, the Family and Community Services Administrator and the Bureau of Quality Improvement and Training will work with agency staff to address multiple agency and court related barriers to achieving timely delivery of services.

Status: Initiated

In 2005, representatives of the Court Improvement Project, including the Child Protection Administrator, initiated district office trainings and problem-solving sessions targeting issues connected to barrier resolution with the District/Family court system.

Objective 3: CPSWs will optimize utilization of relatives as a placement option.

Action step a: From the onset of agency involvement throughout the course of the case, DCYF will identify, locate and evaluate the closest parents and relatives who can safely provide care for the children involved in the case.

Status: Implemented and ongoing

Under the oversight of the DCYF Central Registry, relative searches are conducted to locate absent parents in any case in which temporary out of home care is considered as an imminent possibility. These searches utilize three credit databases that have the capacity to provide immediate locations and contact information on individuals for whom searches are conducted. Individuals who are located are assessed as possible safe resources for children instead of temporary out of home care.

The DCYF Fiscal Unit, in collaboration with the DHHS Division for Family Assistance has enhanced the ability for relatives to promptly receive payee benefits when they become caretakers for children who would otherwise be placed into temporary out of home care.

As explained in Permanency Goal A, Objective 1, Action Step d, Permanency Planning Teams operating in every DCYF district office focus on eliminating barriers to permanency for children in out of home care, including researching any and all available relatives who can provide safe, permanent homes.

Action Step b: DCYF will expedite access to services will be provided as needed to enhance cooperation between birth parents and other family members providing placement.

Status: Implemented

DCYF's time limited family reunification program, Permanency Plus, provides a home based counselor to immediately become involved with the birth parents when a family experiences an out of home placement of the children for the first time. The home based counselor promotes safe contact and relationship building between the birth parents and foster, or resource families. Also, the counselor works closely with the birth parents and the CPSW to research any possible placement of the children with relatives.

Action step c: In instances of kinship care, DCYF will provide other family members with services necessary to maintain placements.

Status: Initiated

See Action step D.

In the new Granite State College Contract, specific requirements are for trainings, support and education for relative caregivers. Beginning 7/1/2005, a process utilizing relative caregivers as consultants will be implemented to clarify meaningful educational information to be included in this curriculum, and the means to best provide this support (e.g. long distance learning, support groups, etc.).

DCYF Director Nancy Rollins and DFA Assistant Administrator Terry Smith signed an agreement on 12/15/04 for DCYF/DJJS to process TANF Payee Relative Not Included (PRNI) cases, effective Monday, December 20, 2004. The goal of this collaborative agreement with DFA is to assist relatives in obtaining benefits for the child placed in their care as soon as possible, without the relatives having to take time off from work to apply for benefits, and to ultimately preserve the placement of the child with the relative. The new procedure will enable fiscal specialists to contact

the relatives to conduct a telephone interview and to assist the relatives in the application process for obtaining Medicaid and Cash assistance for the child now in their home.

Additionally, has contracted with Granite State College, Educaiton and Training Partnership to develop opportunities for relatives to obtain training and support. Beginning July 1, 2005, GSC will begin the development process by inviting stakeholders and staff to participate in the process.

Action step d: Utilizing the services of the DCYF Fiscal Unit Supervisor and DHHS Division of Child Support Services, DCYF will investigate the feasibility of having DCYF Fiscal Specialists' assist relatives in applying for TANF and other applicable funding in place of relatives having to contact other divisions directly. *(Adapted from PIP: P2.15.B.3)*
Status: Accomplished

By 7/31/04, the DCYF Child Protection Administrator and the Program Specialist for Administrative Operations completed a protocol that utilizes DCYF Fiscal Specialists' to assist relatives in applying for TANF and other applicable funding in place of relatives having to contact other divisions directly.

Action step e: If it is determined that DCYF Fiscal Specialists can assist relatives:

- Fiscal Specialists will be trained on new procedures,
- Policy will be developed, approved and submitted to the Policy Bureau for distribution and
- A training mechanism for DCYF supervisors will be implemented. *(Adapted from PIP: P2.15.B.3.a)*

Status: Accomplished

(1) Training for fiscal specialists on procedures described in action step d was provided during December, 2004.
(2) Policy regarding these procedures was distributed to staff in December, 2004.
(3) Awareness building and training for DCYF supervisors was provided through the monthly statewide Leadership Meeting.

Objective 4: **CPSWs and Foster care licensing workers will optimize the match between birth parents and foster parents in addition to matching the child with the foster family.**

Children will be matched with the most appropriate out-of-home placement. (PIP: P1.6.A) The addition of Permanency CPSW specialists, Adolescent CPSW specialists and Permanency Planning Teams (PPT) in each D.O., creates a new case practice model that breaks down the boundaries that formerly existed among Family Services CPSWs, Foster Care Licensing CPSWs, Adoption CPSWs, and Teen Independent Living CPSWs. Cooperative case planning will begin at the onset of a case compared to the previous model where case planning occurred sequentially. (PIP: P1.8.A.1.a)

Action step a: The Family and Community Services Administrator, in conjunction with the Clinical Services Administrator, will develop and/or adopt and implement a tool that optimizes the match between adoptive parents and birth parents.

Status: Implemented

The Foster Parent Profile (Form T2354) is designed to capture information about the foster parents ability to manage behaviors, work with birth families, and identifying options for permanency. The Request for placement (Form 2269) is a companion form that captures the needs of the child and his family in order to make the most appropriate match at first placement. These forms are tools that combine foster/adoptive family characteristics. They are maintained in workbooks by foster/adoptive licensing CPSWs.

A Bridges change request, expected in be operational in December 2006, will incorporate specific cultural and ethnic characteristics of both birth and foster/adoptive families into NH Bridges. This will enable field staff to identify available foster/adoptive families that share additional common characteristics with birth families.

Action step b: A DCYF Permanency Supervisor will develop and train a Permanency Planning Team (PPT) in each district office. (***Adapted from PIP: P1.7.B***)

Status: Accomplished

See Permanency, Goal A, Objective 1, Action set d.

Action step c: Utilizing Permanency Planning Teams in each district office, DCYF will review cases involving children in temporary out of home placement; DCYF will assess how the placement situation meets the needs of the child, with special regard to permanency and concurrent planning.

- The local Foster Care Specialist will be a standing member of the D.O.'s PPT and be instrumental in identifying and facilitating the matching of children and placements. (***Adapted from PIP: P1.6.A.1.a***)

Status: Accomplished
See Permanency, Goal A, Objective 1, Action step d & e

Objective 5: DCYF will promote commitment by foster parents to actively support safe reunification, and willingness to be available as the permanent family for a child in their care if safe reunification cannot occur.

Action step a: The Family and Community Services Administrator, in conjunction with the Clinical Services Administrator, will evaluate and adopt statewide procedures that ensure the opportunity for meaningful contact between birth parents and foster parents from the day that children enter out of home placement.

Status: Initiated

Permanency Plus is currently operating in five of DCYF's twelve district offices. This program, targeting first time placements for families referred to DCYF, incorporates building a positive relationship with birth parents as well as consideration for the foster family being the permanent home for the child should reunification not occur in recruiting, training, and supervising of all resource/foster families (see Permanency Plus). DCYF is currently considering how to incorporate these philosophical messages into all foster care recruitment and training.

Action step b: The DCYF Foster Parent Program Specialist, in conjunction with statewide foster/adoptive parent organizations, will evaluate and apply training for DCYF staff and foster/adoptive parents regarding all aspects of concurrent planning, and the possible complexity involved.

Status: Implemented

Current foster care recruitment, training and ongoing support provides continuing education about the concept and value of concurrent planning. Current ongoing training for foster/resource families is provided through Granite State College, formerly the College of Lifelong Learning.

Action step c: DCYF will explore and provide access to opportunities for counseling and other supports for foster parents to address their dual role in concurrent planning.

Status: Initiated

Currently ongoing support for foster parents is provided through training coordinated by Granite State College, and through local and statewide foster parent support networks. Additional supports are now available through the statewide Comprehensive Family Support Program.

Objective 6: In every district office, Permanency teams will focus on all permanency options at the earliest possible time, including those that do not involve reunification.

Update policy on case planning to include emphasis on concurrent planning. (2)Policy will be drafted and submitted to the DCYF Policy Bureau to distribute. See details re: revising the Case Plan in Item #25 (PIP: (CR25.A) P1.7.A.2)

Action Step a: The Family and Community Services Administrator, in conjunction with the Clinical Services Administrator and Child Protection Administrators, will improve consistency of concurrent planning, addressing the following:

- Non-adversarial presentations of concurrent planning at the time children enter out of home care.
- Consistent attention to concurrent plans from the time that a child enters out of home care.

Status: Accomplished
See Permanency, Goal A, Objective 1, Action set d & e

Action step b: By June 30 2005, the DCYF Permanency Specialist, in collaboration with the probate courts, will establish a pilot in Hillsboro County to establish mediation as a service to birth and adoptive families at the time the TPR process is initiated in order to build consensus regarding the child's permanency and ongoing relationship with birth parents.

Status: implemented

Through the Commissioner's Adoption Advisory Committee DCYF Adoption staff have been involved in two initiatives related to mediation:

- DCYF Adoption staff is participating on a committee on Open Adoption, chaired by The Hillsborough County Probate Judge. The committee began meeting in May 2004. The monthly meeting focus has been to investigate open adoption issues and review model legislation from other states with the goal of drafting legislation for New Hampshire. A major committee goal was met in 2004 with the completion and submission by DCYF of the Voluntary Mediated Adoption Agreement bill. As a

result of the hearings held in early 2005, the legislation was amended to address payment for services. The bill was approved by the legislature. If signed by the governor, it will be effective on January 1, 2006.

- DCYF provided research from the Resource Center for Special Needs Adoption on permanency mediation. This information was presented to the Hillsborough County Probate Judge and three mediators to discuss piloting permanency mediation in Hillsborough County Probate Court.

Goal B: Increase availability of qualified foster/adoptive parents, child care resources, and residential care providers who can address individual circumstances of children, including their needs for community, culture, ethnic diversity, education and treatment.

Objective 1: Enhance strategic recruitment of foster parents to allow greater flexibility in matching children and families with foster families, allowing for safe access to family and community, and for culture and diversity.

Experienced foster parents will be recruited to service (1) adolescents currently in temporary out-of-home placements and (2) who are at risk of transitioning to more restricted placements. D.O. recruitment plans to be developed by Permanency Planning Teams (PPT) staffed by Permanency CPSWs, Adolescent CPSWs and Foster Care CPSWs, supervisors and Family Services CPSWs. (PIP: P1.6.C.1.a)

Action step a: Utilizing the Case Practice Review Process, statewide foster/adoptive parent organizations, and reports from district offices, the Foster Care Program Specialist will identify regional gaps in foster parent availability.

Status: Implemented

The Primary needs assessment is conducted by the foster care worker in preparation for the annual recruitment and retention planning meeting in July 2005. The Recruitment and Retention team is a representation of community partners, foster and adoptive parents, and staff. Data collected over the year is reviewed by the team and is compared to the population of children served in the local district office, and placement options that were available. Targeted recruitment of foster families in locations where homes are needed who also can match the skills needed to the child's needs becomes the recruitment goals for the next planning year.

Action step b: Utilizing the Case Practice Review Process, statewide foster/adoptive parent organizations, and reports from district offices, the Foster Care program Specialist will assess and enhance current recruitment and match efforts in terms of culture, geography, and faith community.

Status: Implemented

The statewide foster and adoptive recruitment and retention plan is scheduled to be launched every year by October 1, and is a compliment to the 12 local plans. The statewide plan enhances the local planning and provides overarching supports to the local efforts. These include advertising, development of media stories and outlets, developing brochures and materials, and purchasing supplies.

Action step c: The Foster Parent Profile will be completed to gather information used in matching children with foster parents and to identify foster parents' needs. Use of the Foster Parent Profile will be assessed through the Administrative Case Review process *(Adapted from PIP: WB1.17.B.1)*

Status: implemented

The Foster parent profile was originally released in February 2004. Concurrently, the Children's Information Sheet was revised and re-released. Information on the Children's information sheet reflected some of the same information as the FP Profile. The intent is to use the information to match the foster parent resources to the child's needs. A Request for Placement Form (2269A) is a tool used by the foster care worker prior to having the Children's' Information Sheet completed that will also assist with creating the best available placement option match for the child.

Action step d: DCYF will use federal technical assistance and effective demonstration models to evaluate and modify foster parent recruitment and retention programs.

Status: Implemented

Recruitment and Retention technical assistance was provided to NHDCYF from Adoptuskids through the National Resource Center, and with approval of the Region I ACF office. Responding Effectively to Families throughout the Recruitment Process was delivered to Supervisors on May 24, 2005 and on May 25, 2005 DCYF foster care workers, foster and adoptive parents and private

child placing agency staff participated in the day long training. Consultation will be available over the next six months and NH will demonstrate the sustainability of the training, and the transfer of learning to staff. Impact of the training will be measured by the statistics collected from the foster care workers and the Education and Training Partnership evaluation of pre-service training.

<u>Objective 2:</u> Promote a balance of culture and diversity in group homes and residential settings so as to meet the individual needs of children served by those resources.

Action step a: Develop contracts that require demonstrated efforts to establish cultural competency in recruiting, hiring and training staff.

Comment: As children from distant communities often populate group homes and residential settings, it is recognized that group home and residential staff often constitute ethnicity and cultural backgrounds that are very different from that of the children temporarily living in those settings.

Status: Implemented

Presently, New Hampshire DHHS maintains an anti-discrimination policy that encompasses hiring practices, delivery of services, and access to services. DHHS also utilizes contract language that encompasses the State's anti-discrimination policy. Vendors and contractors are asked to address their ability to be culturally competent.

Objective 3: Increase availability of, and access to, quality child care programs to serve as protective and preventive child care resources.

Action step a: The Child Development Bureau, in collaboration with the Child Protection Administration, will engage in recruitment and certification of qualified child care providers throughout the state. The Child Development Bureau will provide semi-annual reports to DCYF/DJJS staff regarding certified child care providers, by district office.

Status: Accomplished

The Child Development Bureau works closely with the twelve District Offices and State Office Supervisors to recruit child care providers ongoing as needed. Once the CDB Program Specialist receives a supervisor approved service certification request, an enrollment packet is sent to the child care provider with a self addressed stamped envelope to facilitate quick return. Once the enrollment is returned to the Program Specialist, the provider is enrolled and the referring Supervisor is notified to facilitate authorization for payment. Twice yearly, in January and July, a comprehensive list of certified child care providers is electronically mailed to each District Office Supervisor for distribution to all staff.

Objective 4: Apply on-going recruitment and retention strategies that maintain a steady number of qualified adoptive families.

Action step a: Using media and community events that are researched and demonstrated as effective, DCYF will increase public awareness of New Hampshire's children awaiting adoption, as well as recruitment and training resources for people interested in the adoption process.

DCYF to participate in Adopt US Kids, a national photo listing service for children awaiting adoption across the United States and initiative of ACF/Children's Bureau. (PIP: P1.9.E)

Action step b: The DCYF Adoption Specialist will develop and implement as consistent yearlong programs, proven recruitment strategies such as:

- Media campaigns
- Wednesday's Child program
- Target high probability groups.
- Partnership with Massachusetts Adoption Resource Exchange to offer adoption recruitment events.

Status: Implemented

The Adoption Program Specialist and the Permanency Specialist and staff developed and presented a training five day training series designed to improve Permanency Workers' skills. The training series consisted of the following:

- 2/9/05 – Orientation,
- 2/10/05 – Foster homes relative adoption and interstate adoptions,

- 3/29/05 - Adoption subsidy, post adoption services, and search,
- 5/3/05- Preparing children for adoption, matching and transitioning to adoption, and
- 6/14/05 - Recruitment, training and adoptive home study process.

As new Permanency workers are hired, they have received one-on-one training based on this curriculum. Other Family Service workers have also attended training.

Goal C: Resolve the barriers to adoption related to economic, therapeutic, and clinical support.

Objective 1: Increase the availability of therapeutic adoptive homes for children who have specific needs.

Action step a: The DCYF Adoption Specialists will target recruitment efforts to specifically address therapeutic adoption.

Status: Implemented

DCYF develops individual contracts with Casey Family Services to do specialized recruitment for specific, very hard to place children who will be moving from residential care to adoption. In addition, the expansion of Independent Service Options (ISO) for special needs children has assisted DCYF to find homes.

Action step b: By utilizing the DCYF Adoption Specialists and the Clinical Administrator, District Office CPSWs and supervisors will increase the use of specialized approaches, such as Independent Service Options for adoptive families.

Status: Initiated

A new policy instituted in 2005 expands the options for ISO, including the number of agencies approved to offer ISO, more flexibility in time frames, and increased education available to help ISO families meet the needs of children. These changes, particularly the change of focus on ISO as a short term therapeutic option to a more flexible long term permanency option have made ISO a valuable new permanency resource that can help meet the needs of some children. This is also an option for families after a final adoption.

<u>Objective 2</u>: Increase the availability & accessibility of post-adoption services, and supports for siblings and other relatives.

Action step a: DCYF will research and provide access to post adoption resources to adoptive families.

Status: Implemented and ongoing

A contract with a consultant has improved the post adoption services provided by DCYF to adult adopted persons and birth parents seeking information and contact with their birthparents or birth children. The adoption consultant has provided preliminary record searches and non-identifying information reports for search cases. The search consultant has also provided training and technical assistance to Adoption Social Workers to increase their skills and efficiency at performing searches. The waiting period for search services has gone from six months to two to three months as a result of the adoption consultant's services.

DCYF has worked to inform families who have adopted and are receiving adoption subsidy about additional assistance that may be available to them. Information regarding potential eligibility for medical assistance has been integrated into DCYF's annual update letter that is sent to each adoptive family receiving an adoption subsidy.

On December 4, 2004 DCYF hosted a Post-Adoption event which featured Mother Paul Marie from St. Charles Children's Home speaking about working with children who have experienced abuse and neglect.

DCYF and Casey Family Services hosted the annual Adoption Family Fun night on October 13, 2004.

A post adoption event was held April 20, 2005. It was a half day session offered to families and professionals who support adoption families. The event included twelve agencies who offered information and resources on a variety of issues including mental health, education, and developmental disabilities in a resource fair format. Thirty families attended.

Action step b: DCYF will encourage development of federally funded initiatives devoted to foster/adoptive parents, addressing the impact of adoption on marital and sibling relationships.

Status: Implemented and ongoing

DCYF is continuing its collaboration with Child and Family Services and Casey Family Services, who have received a grant to develop marriage and family education weekend retreats for married and committed adoptive couples. The retreats are designed to assist families to strengthen their marriages /partnerships through better communication. Two retreats were held in 2004. The program began with three counties and for families who had adopted in the last year. It has now been expanded statewide and to families who have adopted in the past three years so that more families will have access.

Action step c: The DCYF Permanency Specialist will evaluate and apply when possible the means to increase long-term availability of supportive services for adoptive families.

Status: Implemented and ongoing

DCYF Adoption, Permanency, and Foster Care Specialists attended the regional adoption managers meeting in April and June 2004. The focus of the group has been on issues of finding financial resources for post adoption services. Don Smith, consultant, in this area of expertise spent a week in NH analyzing current streams of funding and making recommendations on ways to use the money to efficiently and effectively to assure more adoption services. By the end of 2004 the analysis was completed. Specific suggestions were made that resulted in a plan to use funds more effectively and efficiently that will result in the ability of DCYF to fund a post-adoption position.

Goal D: Address the reunification and permanency barriers for youth, regardless of the type of Health and Human Services intervention.

<u>Objective 1:</u> DCYF will develop and apply services and supports that will strengthen youth's abilities to remain safely at home after initial Chins and Delinquency related services are resolved.

Reducing the incidence of DJJS youth re-offending after returning home. PIP P1.5.C

Action step a: DJJS will establish reports that will address information including: number of youth re-offending, nature of offenses committed, and family/community factors associated with re-offending. ***Adapted from PIP: P1.5.C.1***

Status: Under Review

The review of the 2003 AFCARS re-entry report produced a sample so small that meaningful data, trends, etc, could not be determined. This action step and its related PIP item is being reviewed with US DHHS ACF to determine if the 2004 AFCARS Re-entry data should be reviewed or if other revisions are needed.

Action step b: DJJS administration will identify community needs regarding post-reunification and other post-discharge services. ***Adapted from PIP: P1.5.C.1.a***

Status: Under Review

The DJJS position of Manager of Community Programs was reallocated to other program areas during this reporting period. The position is now restored. DJJS will report on progress by 12/31/05.

Action step b: DJJS will meet with providers to identify and plan for the implementation of program enhancements in order to provide effective, quality family-focused services in preparation for reunification. ***Adapted from PIP: P1.5.C.1.b***

Status: Under study

DJJS drafted a reporting mechanism to address issues such as: the number of youth re-offending, nature of offenses committed and family/community factors associated with re-offending. This draft is currently being evaluated.

Objective 2: CPSWs and JPPOs will collaborate on cases connected to both DCYF and DJJS.

Action step a: DCYF and DJJS will co-draft policy regarding DJJS' role in Permanency Planning Teams. This policy will be drafted and submitted to the DCYF Policy Bureaus to distribute. *(Adapted from PIP: P1.10.B.1.a)*

Status: Accomplished

The Permanency Options Policy 715 (d) is drafted and was provided to policy bureaus and was circulated to field staff in both DCYF and DJJS for review and comment. The policy is currently ready for approval from each Division's respective directors (See Attachment X).

Action step b: All CPSWs and DO supervisors will participate in training on the policy. (PIP: P1.10.B.1.b)

Status: To be initiated

This step will be initiated upon official approval of the policy in action step b.

C. Well Being

Goal A. Families will have access to enhanced support to provide for their children's needs. ***Special consideration: Families include birth, step, adoptive, foster parents, relative caregivers and their children.***

Objective 1: A full range of Comprehensive Family Support (voluntary services) will be applied to all regions of the state.

Action step a: Community-based agencies/services will be educated regarding the Comprehensive Family Support program.

Status: Initiated

The DCYF Speaker's Bureau is ensuring that DCYF's role in prevention through Comprehensive Family support is part of the discussion agenda at DCYF presentations. For example, at a statewide summit on prevention of child maltreatment by the NH Children's Trust Fund, one presentation centered on DCYF, with a portion of the presentation devoted to Comprehensive Family Support. On an annual basis, the Community and Family Services Administrator coordinates a statewide effort with the NHCTF and community based agencies to provide a Legislative Breakfast for lawmakers and other stakeholders. Part of this effort is to educate attendees about Comprehensive Family Support and the role it serves for families throughout the state.

Action step b: DCYF will educate providers, community agencies regarding services HHS/DCYF delivery process.

Status: Implemented

Through its partnership with the NHCTF and the statewide Family Resource Network, DCYF provides ongoing education to community based agencies about access to services and supports available through NH DHHS, and its divisions and bureaus including DCYF and DJJS.

Action step c: Through education and contracting, DCYF will ensure consistent approaches to families who have been affected by domestic violence, sexual assault, substance abuse, or emotional disorders.

Status: Implemented

Before the conclusion of state fiscal year 2005, DCYF initiated the process to re-issue contracts to community based agencies to provide the prevention services necessary for DCYF's Comprehensive Family Support Program. RFPs and resulting contracts had specific requirements that provider agencies needed to demonstrate knowledge of protocols and standards addressing co-occurrence of child maltreatment with other problems such as domestic violence, and needed to demonstrate that they maintained relationships with agencies and organizations that provided services to support families experiencing a range of issues. In the area of domestic violence, this resulted in a series of trainings requested by community based agencies regarding co-occurrence of domestic violence and child maltreatment

Objective 2: Include focus on community based primary and secondary prevention in DCYF public awareness efforts.

Action step a: Include presentations that address primary and secondary prevention, in DCYF public reports and presentations.

Status: Initiated

See Service Array Objective 1, action step a.

Emphasis on DCYF's role in preventive services is now incorporated in material utilized in presentations coordinated by the DCYF Speaker's Bureau.

Action step b: Utilize marketing/communications campaigns with both public and private providers.

Status: Initiated

During this reporting period, DCYF partnered with NHCTF in exploring methods to increase statewide awareness of DCYF's role in supporting basic family services, including in the area of prevention. For example, DCYF was a partner agency in the First Annual Summit addressing Prevention of Child Abuse & Neglect on May 4, 2005.

Action step c: Collect and publish the success statistics and outcomes in all presentations of primary and secondary prevention efforts.

Status: Initiated

- DCYF's Bureau of Quality Improvement and Training (BQIT)'s research analyst began production of reports that are beginning to qualify the degree of prevention efforts provided during DCYF assessments (See Safety, Goal B, Objective 1, action step e).
- In conjunction with the University of New Hampshire, Family Research Lab (FRL) and The NHCTF, DCYF is coordinating a research based effort to demonstrate efficacy of NH's child welfare system, and specifically those services provided by DCYF. **NH Partners Researching Child Safety** (NH PARCS), with the involvement of community based DCYF direct service staff and directors of community based programs, has drafted a logic model that targets short and long range areas considered to be wellness indicators for individuals and families. Utilizing a range of data collection that will include DCYF's SACWIS SDM records, the FRL will seek funding for a longitudinal study to evaluate the efficacy of DCYF on families served.
- DCYF"s IV-E demonstration addressing co-occurrence of child maltreatment and substance abuse Project First Step is considered to be a prevention focused program. The data analysis, designed by the UNH FRL, involved specific attention to child and family wellness indicators. Examples of items confirmed by this research includes the following:

1) Parents in the enhanced group were more likely to be involved in the following services or supports:

- Community Mental Health,
- In home counseling (home based services),
- Any substance abuse treatment, including;
    - Short Term Detox,
    - Short Term In Patient Treatment,
    - Long Term Inpatient Treatment,
- Supports related to domestic violence, and
- Employment or vocational training.

2) Children (4-17 yrs old) in Enhanced Groups had greater declines in 7 of 8 problem categories:

- Anxiety & Depression,
- Withdrawn/Depressed,
- Somatic Problems,
- Attention Problems,
- Aggressive Behavior,
- Thought Problems, and
- Rule Breaking.

Goal B: Children will have increased access to services to meet the physical, oral health, social, and mental health needs.

Objective 1: Each child who is the subject of a founded case will be provided with a comprehensive health and developmental evaluation, as per CAPTA (section 106(a)(14).

All children/youth in court-ordered out-of-home placement will participate in a mental health and developmental assessment within 30-days of placement unless contraindicated due to age. (PIP: WB3.23.A)

Action step a: DCYF will ensure that children who are under age 3 and are involved in founded DCYF assessments will be referred for developmental screenings.

Status: Implemented

Although prior to this reporting period DCYF's assessment policy had provision for the securing of developmental screenings and assessments, specific policy mandating developmental screenings for children under three years of age in founded DCYF assessments went into effect on 7/1/04. DCYF is currently designing regular SACWIS reports that accurately track documentation of referrals for these screenings.

Action step b: Essential components of comprehensive health and developmental evaluations, and applications to children in various developmental stages, will be defined.

Status: Accomplished

Essential components of comprehensive health and developmental evaluations are defined through DCYF policy 742. (See Attachment IV)

DCYF's goal is to have a "medical home" for all children in temporary out of home and relative placement that serves all medical supports as children progress through ongoing health care needs.
All children over two years of age who enter temporary out of home placement have a comprehensive health and development assessment within thirty days by either the PCP at the time of placement or through a new PCP secured after the child enters placement. This is in addition to any other developmental screening provided through policy. These comprehensive evaluations are coordinated through the Foster Care Health Program.
If a child is under age two, or if there is any indication of an illness or a medical problem, this evaluation is initiated within 48 hours of the child's placement.

Action step c: The DCYF Clinical Administrator will complete a statewide assessment of resources that can be utilized collaboratively to provide a comprehensive health and developmental evaluation in every state region.

Status: Implemented

In response to DCYF policy mandating developmental screenings for children under three in founded assessments, DCYF and the DHHS Infant Toddler Program completed a statewide assessment of IDEA Part C agencies and other community based agencies with the capacity to provide developmental evaluations. This information was provided to DCYF supervisors at a statewide Supervisors' Leadership meeting in September 2004.

Action step d: By January 30, 2005, the DCYF Clinical Administrator will coordinate a workgroup including DCYF and DJJS representatives, consultation with pediatric health care providers, and a sub-group of Community Mental Health Center Children's Directors, and complete an assessment of application of a statewide network that allows access to a comprehensive health and developmental evaluation for identified children within thirty days of a referral *(Adapted from PIP: WB3.23.A.1)*.

Status: Initiated

DCYF, DJJS and a sub-group of Community Mental Health Center Children's Directors collaborated to expand the practice of a designated community mental health center therapist completing initial mental health assessments within 30-days of a DCYF's or DJJS's child/youth's

temporary out-of-home placement. The initial meeting was held in January 2004, two follow-up meetings that were held in April, 2004.

Action step e: By June 30, 2005, the DCYF Clinical Administrator will coordinate implementation a statewide network that allows access to a comprehensive health and developmental evaluation for identified children within thirty days of a referral *(Adapted from PIP: WB3.23.A.1.b)*

Status: Implemented

In partnership with the DHHS Bureau of Behavioral Health, DCYF implemented the Mental Health Assessment pilot, which ensures that a mental health assessment is conducted within thirty days for every child entering temporary out of home care (see DCYF/Community Mental Health Care). The DCYF CMHC pilot is currently operating in the Manchester, Concord, Salem and Laconia offices. Full statewide implementation is projected to occur by 12/31/2005. An example of the screening tool used in this process is included as Attachment VII.

Also, currently there is a system accessing comprehensive health and developmental assessments coordinated for children who enter placement, through the Foster Care Health Program. By December, 2006, DCYF will review practice changes that will place responsibility for accessing these assessments with district office CPSWs and supervisors.

Action step f: When children are placed into temporary out of home care, mental health services will be immediately provided as a support to the child and caregivers.

Status: Implemented

DCYF partners with Family Support NH, a coordinated network of community based agencies providing basic family support services. Through monthly meetings held during this reporting period, and through its partnership with DHHS Infant and Toddler program, DCYF focused on identifying common resources for comprehensive health and developmental screenings. The information is provided to local DCYF district offices.

Objective 2: Identify, promote, and encourage access to quality oral health services to all children in open DCYF and DJJS cases.

Action step a: Ensure that identification of oral health needs is incorporated into every assessment.

Status: Initiated

Currently every child placed in temporary out of home care receives a complete medical evaluation. The Foster Care Health Nurse and the foster parent work with CPSWs to advocate for children to access regular oral health care.

Action step b: DCYF will partner with other stakeholders to increase availability of and access to oral health services.

Status: Initiated

In May 2005, the DHHS Commissioner initiated development of a cohesive oral health strategy involving all divisions and bureaus in NH DHHS. This Oral Health Leadership Team is scheduled to meet monthly. Results of the work involved in this strategic oral health strategy will be reported in subsequent reports on this plan.

Objective 3: DCYF and DJJS will review and revise policy "ITEM 742, Health Care of Children in Placement" that addresses obtaining health care for the child and the documentation, provision, and distribution of child-related information to birth parents, foster parents and other residential care and service providers.

Review and revise Child Health Support policy to ensure the scope of the providers' roles and responsibilities related to visitation include skill-development, support and transportation. (PIP: P2.13.B.1.a)

Ensure that all foster parents have relevant, current and complete information relative to their child(ren) in care. (PIP: WB1.17.A)

Action step a: DCYF will implement practice, documentation and procedures ensuring that, as soon as is practically possible, essential physical, social, educational, and mental health information is provided to birth parents, foster/adoptive parents, child care providers, and other caregivers for children who are in DCYF or DJJS placements,

Status: Accomplished

Essential components of comprehensive health and developmental evaluations are defined through DCYF policy 742, which was revised and released on December 15, 2004 (See Attachment IV).

Action step b: DCYF will include in DCYF policy how the child's medical information is identified and addressed in the Case Plan.

Status: Accomplished

Policy addressing placement of the child's medical information in the case plan is identified in DCYF policy 742, which was revised and released on December 15, 2004 (See Attachment IV).

Action step c: DCYF will Identify in policy responsibilities of parents, foster parents and other caregivers, CPSWs and JPPOs, Supervisors, Foster Care Health Nurses, and service providers.

Status: Accomplished

Roles and responsibilities for provision of care and accessing medical evaluations and treatment are identified in DCYF policy 742, which was revised and released on December 15, 2004 (See Attachment IV).

Action step d: By December 30, the DCYF Nursing Supervisor and the DCYF Clinical Administrator will complete production, distribution, and training regarding medical passports for every child in DCYF/DJJS supervised in temporary out of home placement.

Status: Initiated

A workgroup including Foster Care Health Program Nurses, the DCYF Policy Program Specialist, and Foster Care Program Specialists drafted policy and procedures addressing production of medical passports for each child in foster or relative care. Aspects of concern were noted as creation and updating of medical passports will result in additional responsibilities for foster parents, who are most likely to be involved in the child's day-to-day care. As much of the information viewed as essential to this medical passport has the potential to be accessed through NH Bridges, the workgroup is evaluating either automating most information contained in the passport, or reviewing if certain information in the existing draft can be excluded from the actual passport. Given this, the timeline for completing this step is revised to 6/30/2006.

Goal C: All phases of DCYF interventions will include a focus on connecting families with community-based organizations that will support the full scope of prevention and wellness.

Objective 1: Services provided to families/children will be strength based, culturally competent and individually focused.

Action step a: DCYF and DJJS assessments will address functional family strengths, culture, ethnicity, and individual interests.

Status: Initiated

DCYF and DJJS are currently engaging in actions that will establish how functional family strengths, culture, ethnicity, and individual issues are assessed and documented through partnering in Case Practice Reviews that are being conducted in every district office (See Case Practice Review for description and schedule).

Action step b: DCYF will utilize tools such as the Structured-Decision-Making (SDM) Family Strengths and Needs Assessment and Family Strengths and Needs Review to assess families' needs. *(Adapted from PIP: WB1.17.C)*

Status: Initiated

Through Structured Decision Making case reviews, DCYF is assessing the use of SDM in establishing each family's strengths and needs.

Action step c: Through the development of clear and consistent case transition procedures, DCYF will minimize any negative impact on the child and family as an Assessment becomes a Family Services case or at any time case responsibility is transferred from one CPSW (Family Services, Permanency or Adolescent CPSW) or JPPO to another. *(Adapted from PIP: WB1.18.B)*

Action: Initiated

Action on this step began with a review of current policy, which had been designed with input from both staff and consumers. This review was completed through the Statewide Supervisor Leadership meeting in October, 2004. Recommendations from this review indicated that no revisions to this policy were needed. Through the review process, the role of supervision to ensure positive case transitions was underscored as essential. It was agreed that the leadership meeting process continue to address how supervisors identify (1) promising case practices and (2) practice issues relative to case transitions.

Action step d: Collaborative responses in DCYF and DJJS interventions will include groups and organizations that are compatible with each family's culture and support system.

Status: Initiated

DCYF's existing assessment policy addresses supporting the family's ability to resolve risk issues using resources that are most compatible to the family's culture and circumstances. Through the Case Practice Review, DCYF and DJJS will provide qualified assessment of how CPSWs and JPPOs involve resources that are compatible with the culture and supports system of each family.

Objective 2: Connections between families and supportive community based services will be established by the conclusion of DCYF interventions and open cases to ensure each family's continued access to essential support.

Action step a: DCYF records will address those areas in which families require support.

See Action step b

Action step b: Assessments, case plans, and case closure summaries will identify those efforts accomplishing the successful linking of families to supports that address physical, mental health, and relational needs.

Status: Initiated

DCYF's existing assessment policy addresses supporting the family's ability to resolve risk issues in ways that meet overall family needs Through the Case Practice Review, DCYF and DJJS initiated a qualified assessment of how CPSWs and JPPOs address physical, mental health, and relational needs in safety plans and case plans for each family. Results of the case practice reviews are addressed at the district office and administrative levels of DCYF/DJJS.

Objective 3: In all open cases, CPSWs and JPPOs will visit children/youth as specified in each case plan. ***(Adapted from PIP: WB1.19.B)***

Action step a: Through the DCYF Leadership meeting process, current Division and Structured Decision Making policies will be reviewed with all (1) D.O. supervisors and (2) primary CPSWs (Assessment, Family Services, Permanency and Adolescent) and JPPOs. *(Adapted from PIP: WB1.19.B.1)*

Status: Initiated

Since 7/1/2004, DCYF has used the Structured Decision Making Supervisory case reading process. The case reading combined with feedback at SDM Core Team meetings, are supporting the premise that SDM use as a decision making tool is increasing, particularly in both assessment and family services. Results from these case reads are reviewed and utilized by CPS administrators and supervisors as supervision tools.

DCYF is projecting that a report reviewing SDM use from Jan 2005-June 30 2005 will be available for circulation by October 2005.

Action step b: CPSW visitation with children/youth will be monitored via:

(1) Monthly Supervisors' reports;

(2) Practice issues discussed with and resolved by D.O. supervisor in collaboration with designated Assistant CPS Administrator, and

(3) The Administrative Case Review process for children/youth in temporary out-of-home placement *(Adapted from PIP: WB1.19.B.1.a)*

Status: Initiated

Parts 1-3 of this action step were initiated during this reporting period. In addition, CPSW visits with children in both in-home and out-of-home open cases are reviewed through the Case Practice Review.

Action step c: DCYF will provide an annual report that is based on the annual Well-Being Check initiative of all children in out-of-home placement. (PIP: WB1.19.B.1.b).

Status: Accomplished

This report has been completed each year since 2003.

Assistant Child Protection Administrators utilize the report as a supervision tool to promote Best Practice in the area of promoting meaningful contacts with children in temporary out of home care.

D. Systemic Factors

I Statewide Information System

Goal A: Ensure the optimal utilization of NH Information Systems to generate accurately recorded, enabling accurate tracking of targeted outcomes.

Objective 1: Ensure that Structured Decision Making information is accurately recorded, enabling accurate tracking of targeted outcomes.

Ensure the data accuracy and reporting of foster care re-entries accurately reflects case practice and meets AFCARS requirements. PIP: P1.5.E

Action step a: Using Case Practice Reviews, reports from NH BRIDGES and Structured Decision Making, and staff supervision reports, the Bureau of Quality Improvement and Training Administrator, Child Protective Services Administrators, and the Information Technology Administrator will monitor and train staff to consistently enter data.

Status: Accomplished

During 2004, the BQIT Research Analyst completed building the capacity to produce regular reports that address targeted information entered into NH Bridges. Information from these reports is made available to the Child Protection Administrator and her assistant administrators to evaluate and encourage meaningful case documentation through NH Bridges Structured Decision Making modules.

Case Practice Reviews and Structure Decision Making Case Reads include analysis of all case related information, and promote the idea of accountability for accurate and thorough documentation.

Action step b: The Bureau of Quality Improvement and Training Administrator, Child Protective Services Administrators, and the Information Technology Administrator will continue to evaluate use of Structure Decision Making documentation, and NH BRIDGES, and modify as needed to increase usability by CPSWs.

Status: Accomplished

During 2004, DCYF established an SDM Core team that reviews the components of the SDM system, the decision each tool is designed to guide and the timeframe in which each is completed. DCYF continues to focus on five principle areas:

6. The review and integration of SDM policies and procedures into existing DCYF policy;
7. The review and updating of the integration of the SDM tools into Bridges as well as improving the SDM user interface for DCYF staff;
8. The identification of current SDM related training and technical support needs with supervisors and administrators;
9. The delivery of the needed training and technical assistance using both the DCYF Staff Development and Training Unit and the Children's Research Center (CRC); and,
10. The development of management reports that reflect district office practice as well as provide information regarding SDM's impact on case practice and case planning.

The SDM Supervisory Case Reading system was implemented statewide in October 2004 to increase the consistent use of each of the SDM tools, reliability among workers' completion and validity of case decision-making. The University of New Hampshire Department of Social Work students from the Program Evaluation course completed its summary of findings of the Supervisory Case Readings completed in the first three months of the process. Training for Family Services staff that encompasses SDM procedures, implementation issues and Bridges navigation procedures, began in January and to date has been held in four district offices.

Action step c: The Bureau of Quality Improvement and Training Administrator, Child Protective Services Administrators will review and revise SDM Case Contact Guidelines and practice to insure consistent use regarding visits between parent(s) and siblings when children are in temporary out of home care. *(Adapted from PIP: P2.13.A.1)*

Status: Implemented

See Action step a above.

During 2004, the BQIT Research Analyst completed building the capacity to produce regular reports that address targeted information entered into NH Bridges. This is combined with reports from Administrative Case Reviews and Permanency Plus Family Team Meetings to review parent child visitation.

Action step d: Utilizing consultation and technical assistance, and through the SDM Oversight committee, the Quality Improvement and the Clinical Services Administrators will coordinate changes in SDM tools to insure that mental health issues are adequately identified *(Adapted from PIP: WB3.23.A.3).*

Status: Initiated.

The SDM Case Reading Process was implemented in October 2004 and is ongoing. This process involves CPS supervisors, administrators and field staff reviewing SDM utilization in specific CPS cases, using a standardized review tool. So far, supervisors have completed case reads on over 500 assessments and/or cases. The Case Read Process offers an opportunity to assess, not only if all family issues are sufficiently identified, but also provides an opportunity to make recommendations if SDM needs changes to allow for clearer identification of co-occurring issues.

Objective 2: Engage in data sharing with other NH systems to improve services to consumers.

Action step a: DCYF will explore feasibility of a data link with the Administrative Office of the Courts.

See Action Step b

Action step b: DCYF and The Administrative Office of the Courts will complete confidentiality policies and practices that address linking data between DCYF and the Courts.

Status: Under Review

The DCYF Bridges Administrator is assessing the feasibility of an interface between NH Bridges and the Administrative Office of the courts ~~can~~ which will provide necessary information links while still ensuring confidentiality of DCYF case records. The Bridges Administrator will provide a proposal to the US Health and Human Services Administration for Children in order to ensure that this analysis and proposal meets federal standards consistent with State Automated Child Welfare Information Systems (SACWIS) regulations.

Objective 3: Ensure that CPSWs document interventions and referrals during abuse/neglect investigations and open cases through BRIDGES, on the assessment close screen, the findings screen, and the SDM Safety Assessment.

Action step a: Using the Structured Decision Making safety response section of the Safety Assessment, identify and define CPSW interventions, such as:

- Direct Intervention of CPS Worker,
- Recruiting neighbor/relative as a resource,
- Recruiting a community agency as a resource,
- Voluntary services, or
- Voluntary placement of a child.

See Action Step B

Action step b: Using the NH BRIDGES service selection process on the "assessment/findings" screen, identify data elements that document interventions in ways that are statistically reportable, including:

- Area Agencies,
- Assistance locating housing,
- Community service development projects,
- Conditional release supervision,
- Connection to community services,
- Crisis intervention (Direct),
- Education/Special Ed. Advocacy,

- Family/child counseling by worker,
- Information and referral assistance,
- Job-hunting assistance,
- Mediation/conflict resolution,
- Mental Health Centers,
- Random drug testing,
- Restitution collection,
- Service coordination,
- Transportation by worker, and
- Victim/witness compensation.

Status: Implemented

When conducting individual case reviews it has been historically evident that CPSWs engage and connect families to community resources. Documenting those referrals in such a way that it is reportable through DCYF's SACWIS, NH Bridges, is a primary goal of this five year plan. One method includes analysis of picklist information captured on the Assessment/findings and the Assessment /close screens on NH Bridges. Current reports can identify the percent of assessments in which there was a referral to a community agency to some degree. The table below illustrates the overall documentation in assessments as described above.

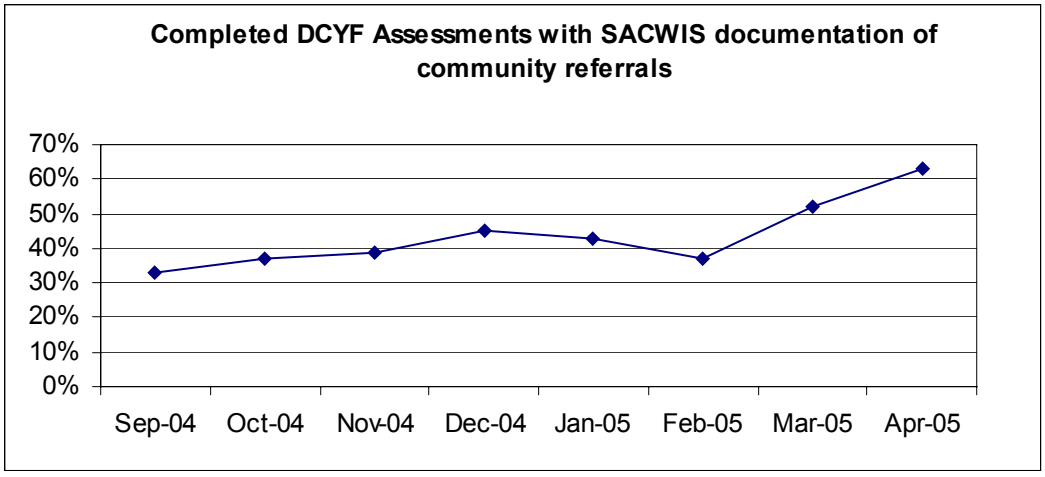


Table 2: Documentation on NH Bridges of community referrals.

The average percent of documented community referrals during the eight-month time period identified above is 44%. DCYF proposes that there will be an average annual increase of 10% in this documentation.

Action step c: DCYF will adopt training and accountability measures that address correct data entry of interventions.

II Case Review System

Goal A. Case plans will be family centered and strength based, with a primary focus on child and family safety.

Objective 1: DCYF will review and provide necessary amendments in case plans, and policies addressing case plans, to ensure that every child has a case plan developed with his/her family and with his/her primary CPSW/JPPO. ***(Adapted from PIP: CR25.A)***

Action step a: By April 30, 2005, the CPS Administrator will, in collaboration with Policy Bureau Program Specialist, coordinate the development of a Revised Case Plan form, policy and procedures to be adopted and policy distributed. (PIP: Establish committee of CPSW and JPPO staff to review and improve current Case Plan form, policy and procedures. *(Adapted from PIP: CR25.A.1.b)*

Status: Implemented

During 2004, DCYF CPSWs and supervisors researched current barriers that evolved with the case plan format presently used. This action resulted in a revised case plan with a format that is less compatible as a court report document, but is more "user friendly" in family meetings. Targeted DCYF district offices utilized the new format and brought their insights to Leadership meeting discussions with the goal of increasing usability while ensuring that essential information can be documented. Additional review and discussion is scheduled to occur at a statewide supervisor's Leadership meeting scheduled for June 28, 2005.

Action step b: By 12/31/04, the CPS Administrator, in collaboration with Information Systems Administrator and NH Bridges staff will complete an analysis regarding changes to Bridges that are necessary in light of new Case Plan form (template) and SACWIS requirements. *(Adapted from PIP: CR25.A.1.b)*

Status: Implemented

See Action Step a.

As review of the new case plan format continues, the Child Protection Administrator is engaged in discussion with the NH Bridges Systems Manager, for the purpose of having the form available to CPS staff through their Bridges Child Welfare Information System.

Action step c: By April 30, 2005, CPS and Staff Development Training Bureau (SDTB) Administrators will review and revise as needed, the DCYF training/curriculum concerning case planning. *(Adapted from PIP: CR25.A.1.d)*

Status: Implemented

Since September 2004, the Staff Development and Training Bureau has been consulting with the Institute for Human Services regarding the revision of its core curricula. This revision includes the module case planning. Case planning training will be increased from a one-day training to a four-day training module on this topic. The training module includes creating ability and skill in case planning to: developing case plans that include objectives and service activities to address high priority needs and problems, and that build on family resources and strengths; work collaboratively with the family, including extended family members and service providers, to plan and coordinate services; initiate permanency planning activities, including supplemental case planning to assure children's safety and stability.

Target date for CORE curriculum is 10/1/05

Action step d: By April 30, 2005, CPS and Staff Development Training Bureau (SDTB) Administrators initiate the revised DCYF/DJS training/curriculum concerning case planning for all staff and supervisors. *(Adapted from PIP: CR25.A.1.e)*

Status: Implemented

Target date for CORE curriculum is 10/1/05

<u>Objective 2:</u> CPSWs will assess and document the existence of domestic violence, substance abuse, sex abuse, and mental abuse and other predominant or underlying issues during intake, assessment, and ongoing services. CPSWs will consistently document identification of these issues through Structured Decision Making and BRIDGES screens.

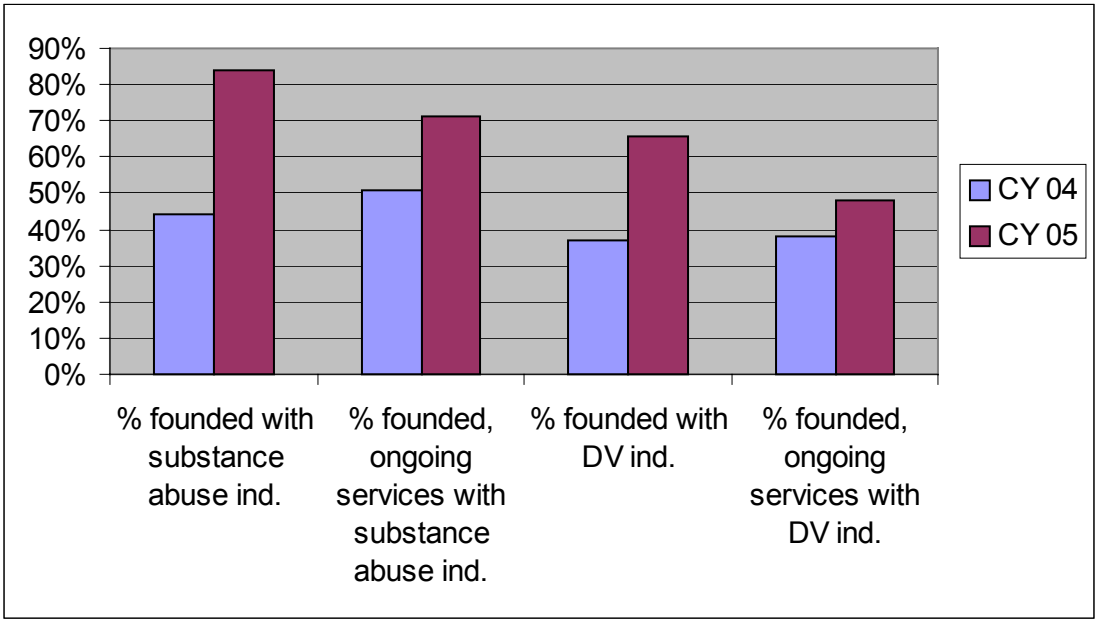
Action step a: Utilizing the Case Practice Review process, intake and assessment factors check boxes located on BRIDGES intake and assessment screens, and other random case reviews, DCYF

will conduct periodic reviews of case documentation to assess accuracy, completeness, and scope of recording.

Status: Implemented

During 2004 and 2005, procedures including Case Practice Reviews, Structured Decision Making Case Reads, and Bridges analysis, the Child Protection Administrator and BQIT Administrator and their respective teams have focused on consistent identification of co-occurring and underlying family issues in child protection assessments and open cases. These efforts are demonstrating progress. For example, Table 3 indicates that identification of both substance abuse and domestic violence have improved between 2004 and the first half of 2005.

Table 3: Identification of substance abuse and domestic violence in founded DCYF assessments, by year and founded category.



<u>Objective 3</u>: DCYF case plans will address all child and family safety issues identified and confirmed in the DCYF child abuse/neglect assessment. Case plans will identify the family's strengths and supports necessary to safely provide for the care and well-being of the children.

Action step a: Utilizing the Case Practice Review process, Administrative Case reviews, Intake and Assessment factors check boxes located on BRIDGES intake and assessment screens, and

other random case reviews, the DCYF Bureau of Quality Improvement will assess DCYF case plans and their connection with the DCYF abuse/neglect assessment.

Status: Implemented

See Objective 2, Action step a above

See Well Being, Goal C, Objective 2, action step b

Status: Initiated

DCYF's existing assessment policy addresses supporting the family's ability to resolve risk issues in ways that meet overall family needs Through the Case Practice Review, DCYF and DJJS initiated a qualified assessment of how CPSWs and JPPOs address physical, mental health, and relational needs in safety plans and case plans for each family. Results of the case practice reviews are addressed at the district office and administrative levels of DCYF/DJJS.

Action step b: Utilizing BRIDGES supervision reports, direct observation, and targeted record reviews, the DCYF Administration for Child Protection will confirm that DCYF case plans address all issues raised in the abuse/neglect assessment.

Status: Implemented

DCYF produces multi management reports that review a full range of Best Practice issues. These reports are used by the CPS Administrator and Assistant CPS Administrators in their supervision of district office supervisors and CPSW staff. Assistant CPS administrators also participate in quality assurance checks during Structured Decision Making case reads.

Action step c: All CPS supervisors will complete training that addresses case planning, with specific reference to Objective 2.

Status: Initiated

As agreed in a memorandum of understanding between DCYF and the NH Coalition Against Domestic and Sexual Violence, DCYF supervisors meet quarterly with Domestic Violence Specialists and Crisis Center Directors on a quarterly basis. These meeting include training and review of risk and protective factors that exist when child abuse and neglect co-occur with domestic violence. DCYF is utilizing technical assistance from the Greenbook Project to provide specialized training for supervisors in the area of working with fathers who are engaged in battering behaviors.

<u>Objective 4</u>: Family members will participate in the development of case plans. CPSWs will ensure that key providers & supportive individuals are aware of and contribute to the development of the case planning process. Family members and key participants in the case plan will participate in the continued review of case plans.

Action step a: Using the Case Practice Review process, and through statewide Leadership meetings, the Child Protection Administrators will ensure that all those involved in direct contact with--and/or care and supervision of-- children in DCYF cases will understand and support all elements of the case plan pertinent to their role.

Status: Initiated

Information presently obtained through the Case Practice Reviews and their stakeholder focus group processes, and the Administrative Case Review, indicate that parental understanding of the case plan and support of all the elements is inconsistent. Some challenges are related to understanding content of the case plan, and in promoting meaningful participation with birth parents.

Action step b: Utilizing BRIDGES monthly supervisor reports, and CPS/DJJS supervision, CPS and DJJS Field Services Administrators will ensure that CPSWs and JPPOs will visit children/youth as specified in each case plan. *(Adapted from PIP: WB1.19.B)*

Status: Implemented

The Family Services Report is produced for each supervisor, and includes a list of visitations by CPSWs per case by month. The report is regularly reviewed at the statewide supervisor Leadership meeting, and is used as a supervision tool between Assistance Child protection Administrators and district office supervisors. DJJS administrators in their supervision process also use the report.

Action step c: Through reviews of monthly supervisors' reports and reviews sample of cases, CPS and DJJS Field Services Administrators will ensure CPSWs conduct good faith efforts to locate both mothers and fathers, and ensure supervision regarding safe techniques and practices to effectively engage parents. *(Adapted from PIP: WB1.20.A.1)*

Status: Implemented

Through weekly sessions, D.O. supervisors (1) monitor CPSW efforts to locate both mothers and fathers, and (2) provide supervision regarding effectively engaging parents.

Objective 5: DCYF will conduct early, frequent, and meaningful reviews of case plans and goals for children who are in out of home care. DCYF will ensure participation by the child (when appropriate), parents, foster parents and key service providers in these reviews.

Increase number of parents and of age-appropriate children/youth who attend and actively participate in Administrative Case Review (ACR) meetings (PIP: WB1.18.A)

Action step a: DCYF will develop a system whereby Administrative Case Reviews can occur outside of typical business hours and days to better accommodate the schedules of birth parents, foster parents, and other key attendees, as well as in locations that are more accommodating to birth and foster parents. *(Adapted from PIP: 18WB1)*

Status: Implemented

DCYF/DJJS presently makes every effort to conduct Administrative Case Reviews in community and placement locations, and to schedule reviews so that they occur at times and locations that accommodate other review processes, such as Court reviews. Both DCYF and DJJS are reviewing how to better accommodate birth parents' and children's schedules outside of typical business hours, and still be able to occur with other essential participants.

Action step b: Parents will be involved in recommending who should be invited to administrative case reviews that concern their children.

Status: Initiated

BQIT is presently reviewing the degree that the Administrative Case Review invitation process is family centered. The degree of parent participation in the inclusion of participants is not structured into the process, and currently is highly dependent on individual CPSW practice & relationships. This aspect of Administrative Case Reviews will be a subject for discussion at monthly oversight meetings, which are attended by contract representatives, and administrators from both DCYF and DJJS.

Action step c: DCYF Policy 715 (b) will list examples of potential attendees, such as childcare providers, foster parents, school personnel, etc.

DCYF is currently revising policy on the Administrative Review Process. The BQIT Administrator is facilitating review and development of this policy. Suggested specific definitions of attendees will be included in formulation of that policy.

Action step d: DCYF will minimize number of separate case planning reviews/hearings/team meetings by scheduling Administrative Case Reviews

(4) Just before court hearing(s),

(5) At residential facilities' team meetings or

(6) To coincide with another case related meeting in the DO, such as a wrap-around meeting (see P1.5.D). *(Adapted from PIP: WB1.18.A.1.a)*

Status Initiated

See action step a above.

DCYF/DJJS presently makes every effort to conduct Administrative Case Reviews in community and placement locations, and to schedule reviews so that they occur at times and locations that accommodate other review processes, such as Court reviews.

Action step e: CPS Administrator in conjunction with CIP Administrator, will ensure that CPSWs will follow the CIP Protocols and timeframes in completing social studies and court reports. In doing so, court hearings should be efficient and the need for continuances decreased as all parties will have pertinent DCYF documentation prior to each hearing. *(Adapted from PIP: CR27.A.4)*

Status: Implemented

The Child Protection Administrator has been a primary stakeholder in the development of the Court Improvement Protocols. Both the child Protection Administrator and a representative of the Administrative Office of the Courts are presently providing mandatory training to all DCYF staff at each district office. The administrators also encourage staff discussion about perceived barriers and resolution of those barriers that exist in the court process.

Objective 6: Permanency hearings will be held consistently in all DJJS cases where children/youth are in foster homes or residential placements. (PIP: CR27.B)

Action step a: The DJJS Field Services Administrator, in collaboration with DJJS Policy Specialist, will develop forms and instructions for Permanency Hearings in collaboration with CIP administrative staff. *(Adapted from PIP: CR27.B..1.a)*

Status: Implemented

DJJS developed forms and instructions for Permanency Hearings in collaboration with CIP administrative staff. The court forms, Contrary to Welfare and Reasonable Efforts are currently being reviewed by the Administrative Office of the Courts.

Action step b: By September 30, 2004, the DJJS Training Coordinator will Train DJJS staff regarding use of new Permanency Hearing policy and forms. DJJS Training Coordinator to develop regional training schedule. *(Adapted from PIP: CR27.B.1.b)*

Status: Implemented

Training schedules are in the process of being finalized. Training should be completed by December 2005.

Action step c: By 12/31/2004, the DJJS Field Services Administrator will, through DJJS and CIP staff, complete education with Administrative Offices of the Court (AOC) regarding DJJS Permanency policy and forms for CHINS & Delinquency Cases. *(Adapted from PIP: CR27.B.1.c)*

Status: Implemented

Work plan specifies that the target date for training of AOC personnel be by December 2005 The DJJS forms have been distributed to the AOC administrator who will determine if the judges feel training is necessary.

Action step d: By July 31, 2004, the DJJS Field Administrator will facilitate adoption of AOC policy on Permanency Hearings in CHINS and Delinquency cases. *(Adapted from PIP: CR27.B.1.d)*

Status: Implemented

The court forms, Contrary to Welfare and Reasonable Efforts', are currently being reviewed by the Administrative Office of the Courts.

Action step e: Between September and December 2004, the DJJS Field Administrator will supervise completion of AOC trainings on Permanency Hearings in CHINS and Delinquency cases. *(Adapted from PIP: CR27.B.1.e)*

Status: Initiated

A work plan specifying a target date for training of AOC personnel was established for March 2005. The DJJS forms have been distributed to the AOC administrator who initiated discussions with judges to determine if the training is necessary. Also, the DJJS Field Services and Training/Quality Improvement/Policy administration is scheduled to with the CIP Administrator to discuss this issue.

Action step f: By 12/31/2004, the DJJS Field Administrator will complete implementation of AOC and DJJS policies and forms in actual Permanency Hearings in CHINS and Delinquency cases. *(Adapted from PIP: CR27.B.1.f)*

Status: Accomplished

Permanency Hearing were drafted and in use by 12/31/2004.

III Quality Assurance System

Note: Several action steps in the objectives below will reference the Case Practice Review Process. For a detailed explanation of this process please refer to the summary in Child Welfare Services, "Case Practice Review".

Goal A: Promote best Agency Practice and optimal responses to all individuals referred to DCYF through a comprehensive Quality Improvement Bureau.

Objective 1: Develop and implement a statewide Case Practice Review process.

Action step a: DCYF will conduct an ongoing practice a Case Practice Review process, coordinated by the Bureau of Quality Improvement. The Case practice Review Process will evaluates the status of child welfare, child protection, and juvenile justice in each of the twelve district offices based on how DCYF responds to the safety, permanence, and wellness of children and families referred for service.

Status: Implemented

Case Practice Reviews have been implemented. The first round of reviews is on schedule to be completed by November 2006.

Action step b: Using the Case Practice Review process, the Bureau of Quality Improvement will review one of twelve district offices every other month, completing the cycle over a two-year period.

Status: Implemented

The anticipated schedule for Case Practice Reviews is as follows:

Date of Review Final (2005)	District Office	Training Date for that Review	Bridges ID # to sign up for Training
January 10-14	Rochester	5-Jan-05	990869
March 14-18	Keene	9-Mar-05	990870
May 16-20	Salem	4-May-05	990871
July 18-22	Concord	6-Jul-05	990872
Sept 19-23	Portsmouth	7-Sep-05	990873
Nov 14-18	Manchester	9-Nov-05	990874

Date of Review (2006)	District Office	Training Date for that Review	Bridges ID # to sign up for Training
January 16-20, 2006	Littleton	11-Jan-06	
March 13-17, 2006	Nashua	8-Mar-06	
May 15-19, 2006	Conway	10-May-06	
July 17-21, 2006	Claremont	12-Jul-06	
September 18-22, 2006	Berlin	13-Sep-06	
November 13-17, 2006	Laconia	8-Nov-06	

Action step c: Using the performance information acquired through the Case Practice Review process, the Bureau of Quality Improvement will incorporate this information into quality improvement initiatives, public reports, funding proposals, and specific initiatives such as the Program Improvement Plan (PIP).

Status: Implemented

Each Case Practice Review results in identification of successful and promising practices occurring through that district office, and in areas in need of improvement. Utilizing this information, the district office supervisor and staff work together with the Assistant Child Protection Administrator, and the Bureau of Quality Improvement and Training to plan and launch a District Office Practice Improvement Initiative (PII). In the PII, district office supervisors and CPSW staff agree to specific plans targeting areas in need of improvement with timelines for correction.

Action step d: DCYF BQI D.O. DCYF Case Practice Reviews (CPR) will be used to monitor adequacy of case plans and appropriateness of permanency goals. Each D.O. reviewed will produce an improvement plan (Practice Improvement Initiative) to address all items designated as Areas Needing Improvement (ANI) within 2 months of the CPR. *(Adapted from PIP: CR25.B.2)*

Status: This action step will be merged with action step c

Objective 2: DCYF will develop and maintain ongoing practices that review, evaluate, and report on, essential statewide programs and processes that are designed to result in consumers receiving the maximum value of Agency services and supports.

Action step a: Through the Bureau of Quality Improvement, DCYF will conduct regular and ongoing reviews of and reports on statewide programs and processes that impact service to children and families, including:

- Prevention,
- Voluntary Services,
- Structure Decision Making,
- CPSW/JPPO workloads,
- DCYF Central Intake,
- Interstate Compact on the Placement of Children (ICPC),
- Assessment,
- In-home services to children and families,
- Temporary Out of Home Services,
- Adoption and Permanency,
- Residential Care,
- Preparation for Independent Living and
- Adolescent Services.

Status: Initiated

BQIT is in the process of requesting a new position with the responsibility of focusing on the areas in this objective.

BQIT identified a number of evaluative processes that will be utilized to measure efficacy in the service areas identified above.

- The Case Practice Review is a detailed comprehensive assessment of DCYF services for families receiving in home services and out of home care.
- The SDM Case Read Process assesses recognition of risk and safety factors and use of structured decision making to evaluate basic child protection decisions based on those identified risk and safety factors.
- NH PARCS is a research partnership measuring efficacy of DCYF interventions and services.
- NH Children's Trust Fund Outcome Measures are the result of a coordinated effort by community based prevention agencies to provide common wellness measures for referred families.

- The Administrative Case Review assesses progress of the concurrent case plan for children in temporary out of home care for at least six months, as well as services connected to child and family safety, stability and wellness that are identified in the case plan.
- Permanency Planning Teams meet regularly in every district office to focus on and resolve barriers to safe reunification or other permanent options for children in care.

Using these identified tools and processes, BQIT will evaluate the service areas in this action step in the following manner:

	Case Practice Review	SDM Case Read process	NH PARCS	NHCTF Outcome measures	Admin. Case Reviews	PPT Teams
Prevention			X	X		
Voluntary Services			X			
CPSW/JPPO workloads						
DCYF Central Intake		X				
Assessment	X	X	X			
In-home services to children and families	X	X				
Temporary Out of Home Services	X	X			X	X
Adoption and Permanency	X				X	X
Residential Care	X				X	X
Preparation for Independent Living	X				X	X
Adolescent Services	X				X	X

Structured Decision making will be evaluated through both the Case Practice Review and the Structured Decision Making Case Read process.

Regarding Interstate Compact on the Placement of Children (ICPC), BQIT coordinated an assessment of the NH ICPC program in the area of effective strategies to resolve barriers to service in March 2004.

Also, BQIT is working with the Bridges SACWIS Administrator to refine available data measures in NH Bridges.

The BQIT research Analyst participates in a departmental data group that examines possibilities to measure agency effectiveness through available data.

Objective 3: Reports on Administrative Case Reviews will demonstrate adherence to Best Practice concerning Family Centered Case Planning and comprehensive service to families.

Action step a: Utilizing Administrative Case Review satisfaction surveys, Case Practice Reviews, and the supervision process, DCYF will ensure in policy and practice that case plans include attention to the following elements:

- Ensuring safety for all family members,
- Engaging parents in the case planning process
- Involving essential community participants (e.g. child care providers, school personnel, counselors)
- Identification of measurable plan components that focus on
- Reunification (in cases involving temporary out of home care) and
- resolution of safety issues,
- Identification of the concurrent plan in cases involving temporary out of home care, and
- Incorporation of individual and familial strengths into the planning process.

Status: Implemented

NH Easter Seals is currently under contract to measure and report on the items listed in this action step. Reports are provided every first and third quarters of the state fiscal year. The Child Protection Administrator, the Administrator for BQIT, and the Administrator review information from these reports for Community and Family Services, and their respective staffs, to ensure that agency policy and practice is followed.

A sample of reports produced from Administrative Case Review data is available in Attachment VIII.

Action step b: Administrative Case Review satisfaction surveys will be designed to focus on birth parents and children regarding their understanding of, and comfort with, the Administrative Review Processes.

Status: Implemented

Satisfaction surveys are provided to birth parents in 25% of the administrative case reviews in which parents are active participants. The survey is provided while the administrative case reviewer prepares copies of all documents for the participants. The CPSW or her supervisor, and

all other participants remain with the parent as the survey is completed and are available to the parent if any assistance is required. A report on survey results is available through Attachment VIII.

Action step c: The Quality Improvement Administrator will utilize Administrative Case Reviews to assess documentation of medication monitoring, and flag those cases where there is a concern and/or question regarding monitoring of child's medication *(Adapted from PIP: WB3.23.F.2)*

Status: Initiated

The ACR contractor agreed to develop quarterly reports; the 1st quarterly report was made available by November 2004. The medication monitoring data will be added to the 4th quarterly ACR report (04/2005-06/2005).

Action step d: Utilizing information from the 6-month Administrative Case Reviews, assess whether relatives have been located in a manner that meets both the best interests of the child and family safety needs *(Adapted from PIP: P2.15.A.1.a)*

Status: Accomplished

Administrative Case Review reports, provided since November 2004, provide information regarding contact with relatives. The Child Protection Administrator, the Administrator for BQIT, and the Administrator review information from these reports for Community and Family Services, and their respective staffs, to ensure that agency policy and practice is followed.

Action step e: The Administrative Case Review process will be adapted to assess the use of The Foster Parent Profile with regards to matching children with foster parents and to identify foster parents' needs. *(Adapted from PIP: WB1.17.B.1)*

See Permanency Goal B Objective 1 Action step c

Status: Implemented

The Foster Parent Profile (Form T2354) is designed to capture information regarding the foster parents ability to manage behaviors, work with birth families, and options for permanency. The Request for placement (Form 2269) is a companion form that captures the needs of the child and his family in order to make the most appropriate match at first placement. These present tools are combined foster/adoptive family characteristics that are maintained in workbooks by foster/adoptive licensing CPSWs.

A change request, expected in be operational in December 2006, will incorporate some cultural and ethnic characteristics of both birth and foster/adoptive families into NH Bridges. This will enable field staff to identify available foster/adoptive families that share some common characteristics with birth families.

Action step f: Utilizing information from the 6-month Administrative Case Reviews (ACR) report on the participants, content discussed, and decisions made in Administrative Case reviews to CPSW/JPPO staff, supervisors, and administrators. Include this information as a basis for recommendations about procedures and activities related to the Administrative Case Review Process. (*Adapted from PIP: P1.6.B.2.a*)

Status: Accomplished

See action steps a,b,c,and d above.

Objective 4: Using CFSR national standards as a standard of reference, develop a reporting system whereby accurate and standardized information about service outcomes is produced at regular intervals during each year.

Action step a: Using the monthly DCYF Benchmark Report for DHHS Commissioner as a reference, DCYF will monitored and evaluate the number of and trends regarding foster-care placements. (***Adapted from PIP: d. P1.6.B.2***)

Status: Implemented

Although the Benchmark Report is in place and in use, the report in its current form only provides a measure of gross state information, and can't be broken down to district of community areas. DCYF is in the process of developing management reports that provide quarterly district office profiles. These will be utilized to assist in assessments and studies that include Case Practice Reviews, and NH PARCS.

Action step b: Using NH BRIDGES as a data resource, the Bureau of Quality Improvement will coordinate the production of reports based on all elements in the NH DCYF State Data Profile at least twice annually.

Status: Initiated

The BQIT Research Analyst is in the process of designing these reports, which will be used to support district office data profiles in conjunction with Case Practice Reviews.

Action step c: Through the Bureau of Quality Improvement, reports concerning DCYF outcomes related to the Case practice Reviews, Program Improvement Plan, and CFSR national standards will be produced and provided to DCYF administration and staff. These reports will also be available to the public.

Status: Under review

The second and third quarter Program Improvement Plan reports incorporate a broad range of data from the district office and statewide office profiles. These reports are available for public access after submission to ACF.

Objective 5: DCYF will incorporate the knowledge gained from evaluations and reports into policy and practice at every level of service.

Action step a: Through the Bureau of Quality Improvement, DCYF will utilize information from the 6-month Administrative Case Reviews (ACR) report on the participants, content discussed, and decisions made in Administrative Case reviews as a basis for recommendations about procedures and activities related to the Administrative Case Review Process. (Adapted from PIP: P1.6.B.2.a)

See objective 3 f merged with 3 f

Action step b: Through the Bureau of Quality Improvement, DCYF will utilize information from the Case Practice Reviews, and evaluations of other programs and processes as a basis for recommendations about procedures and activities related to the DCYF training, policy, and protocols.

Status: Merged with Objective 1,action step c.

IV. Staff Training

DCYF Administration and Staff Development and Training Bureau (SDTB) will provide training for the new staff and current staff with an emphasis on best practice, concurrent planning and permanency planning. See Item 7 for further details on training. PIP: (P1.7.A) P1.6.B.1.a

Goal A: The Bureau of Staff Development and Training (BSDT) will promote cultural competency, appreciation of complexity within family systems, and holistic approaches to all DCYF interventions.

Objective 1: DCYF training curriculums will include skill building that addresses assessment, documentation, referral, consultation, and responding to: domestic violence, substance abuse, sexual abuse, and mental health issues.

Action step a: The Bureau of Staff Development and Training (BSDT) will review and evaluate curriculums regarding information and consistency of content that is both current and addresses issues such as domestic violence, substance abuse, sexual abuse, and mental health.

Status: Implemented

As part of the DCYF training system restructure all curricula is being reviewed and edited as necessary. New curricula is also being developed which will include the topic issues mentioned above. In addition to being stand-alone workshops, the issues of domestic violence, mental health issues, and substance abuse will be woven as a thread through the CORE training modules.

Action step b: BSDT will provide ongoing advanced training for all stages of DCYF interventions in the areas of domestic violence, substance abuse, sexual abuse, and mental health issues.

Status: Implemented

Upon new hire all DCYF employees would receive the CORE training (foundational and essential for all) and thereafter, proceed on a "specialized" training track for their specific job function. Training would be sequential, building theory, practice and skill as appropriate for each employee (workers and supervisors) Specialized (advanced) topics will include domestic violence, substance abuse, sexual abuse and mental health issues.

Action step c: Training programs will address skill building for all CPSWs and supervisors in communication and engagement with individuals with challenging issues and behaviors.

Status: Implemented

All training designed for DCYF staff will be be sequential, building theory, practice and skill as appropriate. In the FY06 training will be provided to address communication and engagement issues with individuals with challenging issues and behaviors through the Core training.

Action step d: BSDT will collaborate with community agencies and experts in the field to provide ongoing advanced training for DCYF staff and supervisors in specialized areas.

Action step d: BSDT will collaborate with community agencies and experts in the field to provide ongoing advanced training for DCYF staff and supervisors in specialized areas.

Status: Implemented

Trainer development is one of the four major goals for the first two years of the five-year Training Bureau strategic plan. This requires working in collaboration with community agencies, as well as experts in the field to provide CORE, specialized and related training. On June 22 and 23rd a meeting was held with potential trainers from various agencies and independent consultants to identify areas in which collaboration could happen to provide CORE, specialized and related training.

Objective 2: Continuously provide all DCYF staff with competency-based training regarding strength-based practices, safety, and cultural competency that stay current with ongoing research regarding best practice.

Action step a: BSDT will Provide evaluation regarding the content of training curricula, with attention to consistency with Best Practice.

Status: Initiated

With the start of the FY06 the Staff Development and Training Bureau has added a specific evaluation component to be able to continuously evaluate existing training programs and potential impact on families and children. The Bureau Administrator will guide the process for evaluating both foster parent and staff training. This involves working with contractors, foster parent and staff training respectively, and the "evaluator" to begin the task of evaluating curricula and as a long-term goal, ultimately, the impact on families.

Action step b: Utilizing annual surveys that address workload, turnover, and training, the Bureau of Quality Improvement and Training and Child Protection Administrators will evaluate the impact and effect of training on staff as staff experience increases.

Status: Initiated

DCYF is presently utilizing information completed with the assistance of the University of New Hampshire School of Social Work, as well as an independent assessment completed though Boston University as a resource in the current initiative to revised the staff development curriculum.

Action step c: By June 30 2005, the BSDT will incorporate a CORE module specific to cultural competency relative to American Indian parents and children who live in New Hampshire. The BSDT will utilize technical assistance and consultation with statewide groups who specialize in American Indian culture. The module will also address ICWA requirements.

Status: Initiated

Beginning in July, 2004, The DCYF Staff Development Bureau organized a statewide steering committee and utilized technical assistance from the Institute for Human Services to evaluate and restructure the current training program so that it is a more practical fit for NH DCYF training needs.

A representative of the DCYF Child Welfare Committee is also involved with Ndakinna Inc, a New Hampshire based organization advocating for individuals who are of Abenaki descent. This representative began consultations with the Staff Development Bureau on 3/8/05 regarding development of a revised course curriculum, a contracted instructor, and specific materials and training goals to be utilized.

Staff Development Program Specialists are participating in the on line educational program provided by NICWA "A Family's Guide to the Child Welfare System" (**www.nicwa.org**).

Staff Development's goal is to develop a curriculum and launch the revised course during year two of this plan (7/1/05-6/30/06).

Action step d: Through consultation with statewide advocacy groups and available technical assistance, the BSDT will, by June 30, 2005, demonstrate inclusion of CORE and Advanced training modules that specifically address DCYF's work with people who have individual needs (e.g. deaf and hard of hearing, visually impaired).

See Action step c above:

A representative of the DCYF Child Welfare Committee represents the NH Association for the Deaf and Hard of Hearing. This representative will be available to the Staff Development Bureau on regarding development of a revised course curriculum, a contracted instructor, and specific materials and training goals to be utilized.

Objective 3: Ensure that all training offers consistent messages about child and family safety, stability and well being.

DCYF CPSWs, DJJS JPPOs and D.O. supervisors will participate in new worker/core training and on-going training regarding permanency goals-setting training. (PIP: P1.6.D.2)

Parents, foster parents, children age 12 and older, are invited and encouraged to participate in Administrative Case Reviews (PIP: P2.16.A.3)

Action step a: The Bureau of Staff Development and Training will provide a CPSW and supervisor curriculum that specifically addresses family centered case planning with special attention focused on:

- Ensuring safety for all family members,
- Engaging parents in the case planning process,
- Involving essential community stakeholders (e.g. child care providers, school personnel, counselors),
- Identification of measurable plan components that focus on
- Reunification (in cases involving temporary out of home care) and
- Resolution of safety issues,
- Identification of the concurrent plan in cases involving temporary out of home care and
- Incorporation of individual and familial strengths into the planning process.

Status: Implemented

BQIT formed a steering committee that is focusing on CORE, specialized and Advanced training goals that address the elements listed in this action step.

Action step b: Contractors with DCYF will provide a training plan that is consistent with DCYF Best Practice concepts. DCYF will provide contractors with training models reflecting Best practice Standards.

Status: Implemented

DCYF contracted with the Institute for Human Services to assist in the change process. Focus groups were held throughout the state with staff and community stakeholders for input on how the training system could be improved to ultimately improve the services families and children receive See Training Plan).

Action step c: The Family and Community Services Administrator will collaborate with local colleges and universities to ensure that subject areas are included in social work curricula. *(Adapted from PIP: SA35.B.2)*

Status: Implemented

DCYF Staff Development and the Family and Community Services Administrator are working with the IVE student coordinator at the University of New Hampshire and Plymouth state University regarding social work classes and how staff Development can work towards including subject areas that were specific to child welfare.

V Service Array

Goal A: Partner with community based collaborative approaches to prevent child abuse and neglect through family wellness

Special consideration: Goals, objectives and action steps that follow in this section are designed to ensure that each individual has a similar opportunity for prevention and supportive services, regardless of their place of residence or personal circumstances.

Objective 1: Enhance and expand statewide public access to services that prevent child abuse and neglect.

Action Step a: Using successful models of prevention as a reference, DCYF will apply and expand community based prevention programs to all areas of the state, ensuring access for all families in need.

- Evaluate existing models for efficacy utilizing existing outcome measures (e.g., logic models)
- Partner with communities to replicate most success for models

Status: Implemented See Comprehensive Family Support

New Hampshire's Governor and Council approved comprehensive Family Support contracts on June 21, 2005. The contracts with local community agencies and Family Resource Centers provide additional services and supports, including greater access to respite and childcare.

DCYF is in partnership with the NH Children's Trust Fund and the Family Resource network to develop statewide outcome measures that will be utilized by agencies funded by DCYF and NHCTF. Also, DCYF is developing a centralized data reporting process for community-based agencies providing prevention services. The database is expected to be piloted by January 2006.

Action Step b: Using a community based information gathering processes, DCYF will identify and reduce barriers to service access.

Status: Under Review

DCYF is currently evaluating the application of a tracking mechanism in NH Bridges for families involved in Voluntary Services (see Comprehensive Family Support). If these families become

involved in child protective services, the proposed program will, at two, six, nine and twelve month intervals, measure services provided and which are similar or different than those services provided when the family was involved in Voluntary Services. Also, the program would report if family conditions indicated that preventive services provided were in any way effective.

Action step c: DCYF will work with partnering organizations to enhance and expand statewide public internet access to services that prevent child abuse and neglect.

Status: Under Review

DCYF is currently examining existing databases, such as the information and referral database maintained by NH Helpline, as an initial phase in accomplishing this action step..

<u>Objective 2</u>: Participate in a statewide network focused on Community Based treatment that coordinates with other agencies.

Action Step a: Through mechanisms such as memorandums of understandings, DCYF will engage in a formal relationships with other state and local community approaches to prevention including, but not limited to:

- The NH Children's Trust Fund,
- Juvenile Diversion Programs,
- NH Prevention Provider Network,
- NH Coalition Against Domestic and Sexual Violence, and the
- State Primary Prevention and Wellness Council.

Status: Implemented

- A DCYF staff person is a standing member on the Board of Directors of the NH Children's Trust Fund.
- DCYF maintains a Memorandum of Understanding with the NH Coalition Against Domestic and Sexual Violence
- DCYF is a member of the state Primary Prevention and Wellness Council

<u>Objective 3:</u> Participate in developing a system whereby parents access the resources necessary to provide for their children's safety and well-being.

Wrap-around teams collaborate regarding each agency's resources to ensure that families receive the services they need. Wrap-around teams will be made available to each D.O. throughout the state. PIP: P1.5.D

Primary CPSW (Family Services, Permanency or Adolescent) is primary case manager and will collaborate with other specialists, not all of which are present in every D.O: Foster Care Health Program Nurse, Domestic Violence Program Specialist, Licensed Alcohol, Drug Abuse Counselors (LADC), Mental Health Therapist (PIP: WB1.17G)

Action Step a: Using NH BRIDGES, Structured Decision Making and other information systems, DCYF will provide information to define needs and identify gaps in services necessary to resolve basic child safety issues.

Status: Implemented

See Well Being, Goal A, Objective 2, Action step c

Action step b: DCYF will coordinate with the NH Children's Trust Fund and other statewide networks, to develop and utilize assessment and evaluation tools measuring client needs and satisfaction with services.

Status: Initiated

The New Hampshire Children's Trust Fund, DCYF and Family Resource Information, Education, and Network Development (FRIENDS), a national nonprofit based in Chapel Hill, North Carolina, to promote the adoption and utilization of outcome measurement tools that will help to assess the efficacy of community based prevention services.

"While providing evaluation-related training and technical assistance to CBCAP programs, FRIENDS staff learned that prevention programs often focus on very similar participant-centered outcomes. Additionally, many State CBCAP administrators expressed interest in a way to collect and compare information on these similar outcomes from the wide variety of programs they help to fund. In response, FRIENDS pulled together a task force of parents, CBCAP administrators and prevention program staff to develop a tool for measuring outcomes that are shared across prevention programs. The *Family Support Program Outcome Survey* was the result of their efforts.

The *Family Support Program Outcome Survey…* asks parents to rate changes that occurred as a result of receiving family support services. The survey solicits both quantitative and qualitative

responses to items related to prevention factors such as access to formal and informal support systems, parenting skills, advocacy and ability to meet basic needs.[6]"

During early 2005, community agencies involved in this network completed a piloting process that included minor adaptations that fit conditions unique to New Hampshire. New Hampshire Children's Trust Fund provided trainings for agencies throughout the state to ensure proper application of the assessment tools.

Action step c: Through statewide collaborations, RFPs and contracts, DCYF will support initiatives to provide comprehensive services at a local level.

Status: Accomplished

DCYF completed a contracting process with community based agencies to enhance local support to families without the need for formal intervention by the child protection system. See Comprehensive Family Support

Action step d: DCYF will collaborate with other community and statewide organizations to provide timely access by families to information and referral to meaningful supportive services and resources.

(1) By December 2004, in collaboration with the NH Deaf And Hard Of Hearing Services, DCYF will explore availability of, and access to, specific family supportive services for people who are deaf and hard of hearing.

(2) By December 2004, in collaboration with the community statewide partners, DCYF will assess opportunities to increase access of supportive services to individuals with particular needs.

Status: Under Review

The Executive Director of the Northeast Deaf and Hard of Hearing Services is an active member of the DCYF Child Welfare Committee, and has initiated discussions identifying particular supports that would benefit deaf and hard of hearing parents who have hearing children. DCYF is currently exploring how these recommendations can best fit into existing prevention networks such as Comprehensive family Support.

[6] http://www.friendsnrc.org/priority/evaluation.asp#survey

Action step e: By June 30, 2004, the Clinical Services Administrator, through consultation with the Policy Bureau Program Specialist will develop policy through which Foster Care Health Program nurses (1)identify children in foster care who are prescribed psychotropic medications, and (2) oversee the practice that parents receive informed consent forms regarding their child(ren)'s medication(s) from the physician/psychiatrist *(Adapted from PIP: WB3.23.F.1.b).*

Status: Initiated

The Foster Care Health Program Director worked wit nursing and CPSW staff to draft forms to document information and necessary consent when children in DCYF care are prescribed psychotropic medications. The drafted forms are in use and are working well according to the FCHP supervisor. Input from the pediatric medical community is still being sought before the forms are finalized. No specific target date has been established.

Goal B: Partner in developing collaborative programs that combine resources and interventions to enhance responses to complex family situations.

<u>Objective 1:</u> Identify by D.O. and enroll as DCYF providers specialized services needed by children and families. (*Adapted from PIP: WB1.17.F*)

Action step a: Through analysis of inventory of certification requests maintained by state office, and monthly report outlining status of applications for certifications to be developed; prioritize, identify and complete, by D.O., the Service Certification requests for service providers who accept Medicaid, and provide service in the following areas:

- Substance abuse councilors,
- Dentists,
- Mental health professionals
- Those with training to work with sexual offenders, and
- Those with training to provide batterer intervention *(Adapted from PIP: WB1.17.F.1)*

Status: Initiated

The DHHS initiative to identify all existing community resources, whether currently certified or licensed as providers to serve DCYF and/or DJJS children and families, will easily identify available community providers and subsequently where and what types of community providers are needed. Database is scheduled to be in place by June 2006

Action step b: Through collaborative efforts by the Fiscal Services Administrator and the Certification Program Specialist Provider, clarify certification process to be reviewed for each category listed in action step a; identify barriers to timely certification, and develop and implement corrective action plans. (Adapted from PIP: WB1.17.F.1.a)

Status: Initiated

A Change request is that will support this action step is currently under review by the NH Bridges Administrator, to ensure that the action will be consistent with federal SACWIS requirements.

Objective 2: Replicate the success of Permanency Plus with the goal of achieving Statewide application. (*Adapted from PIP P1.5.B.1.d)*

A Family Therapist is assigned to each child/youth experiencing his/her initial out-of-home placement in the 5 D.O.s with Permanency-Plus programs. The Family Therapist will complete an assessment of mental health issues as part of the comprehensive family assessment and will make any needed referrals for further mental health services. (PIP: WB3.23.B)

For additional details concerning Permanency Plus, see Time Limited Family Reunification.

Action step a: Establish training and public education about Permanency Plus that can be applied to each district office.

Status: Accomplished

Formats for public education, foster/adoptive parent recruiting and district office training were developed by both DCYF and the contracted Permanency Plus agency, NH Easter Seals. This training format is adaptable to all future regional and local presentations.

Action step b: Develop and implement a contracting system that results in the capacity to provide Permanency Plus to all district offices.

Status: Under review

DCYF is currently assessing sustainable funding streams and contract mechanisms that will allow for application of Permanency Plus to additional areas of the state.

Action step c: Adapt and enhance district office resources that result in the capacity to apply Permanency Plus consistently in all district offices.

Permanency Plus program was implemented in 4 more D.O.s; reunification data should improve with 40% of new DCYF foster home placements being in a Permanency Plus office. (PIP: P1.8.B)

Status: Under Review: see action step b above

Objective 3: Support application of collaborative approaches to child abuse, neglect and substance abuse to all areas of the state.

Action step a: Using technical assistance and other supports, improve and continue collaborative approaches that address parental substance abuse and its relationship with child abuse and neglect.

Status: Implemented

Project First Step, a Title IV-E child Welfare Demonstration Project from 1999-2004, yielded substantial information regarding effective collaborative responses to co-occuring substance abuse and child maltreatment. Using IV-B subpart 2 funds, Project First Step is scheduled to continue in the Manchester and Nashua district offices.

Action step b: Utilizing successful practice models and technical assistance, DCYF will apply collaborative approaches that address substance abuse co-occurring with child abuse and neglect to additional locations with the goal of statewide application.

Status: Initiated

Information learned from Project First Step is being combine with resources provided through DHHS division of Public Health, Drug and Alcohol Policy Bureau to design a statewide training program for CPSWs concerning Best Practice interventions for substance abusing families also referred for child abuse and neglect. The first meeting to review this model occurred on May 9, 2005.

Action step c: DCYF will promote statewide collaborations to increase access by individuals experiencing alcohol and other drug abuse to supportive services that also ensure safety, stability, and well being of children.

Status: Under Review

DCYF and the Division of Public Health, Drug and Alcohol Policy Bureau, is examining multidisciplinary approaches that fit conditions on other regions of the state.

Objective 4: Support application of collaborative approaches to child abuse, neglect and domestic violence to all areas of the State of New Hampshire.

Action step a: DCYF will coordinate funding to support the presence of Domestic Violence Program Specialists in all district offices.
Status: Implemented (See Domestic Violence Specialist Program)

Since 1998, funds from the Family Violence Prevention and Services Act (FVPSA) Grant are utilized through a contract with the NH Coalition Against Domestic and Sexual Violence (NHCADSV) to provide domestic violence specialists in DCYF district offices. By 2003, FVPSA funds supported DVSs in seven of DCYF's twelve district offices. Five DVS positions were supported through a temporary Violence Against Women's Act (VAWA) grant. As the VAWA funding is scheduled to conclude for two district offices on 6/30/05, DCYF is proposing utilization of CAPTA and/or Title IV-B funds to continue DVS coverage in those two offices beginning 7/1/05.

Action step b: DCYF child protection supervisors will maintain regular statewide meetings that address DCYF/NHCADSV collaborations.
Status: Accomplished
As a result of a memorandum of understanding between DCYF and the NHCADSV, quarterly meetings are held and include a supervisor from each DCYF district office, the domestic violence specialist from each office, and the director of each domestic violence crisis center that employs a domestic violence specialist (DVS). Also invited are crisis center directors who do not have a DVS but are involved with the district office serving their community.

Action step c: DCYF will maintain and follow DCYF Domestic Violence Protocols that are consistent with Best Practice approaches to the co-occurrence of domestic violence and child abuse and neglect.

Status: Accomplished

Through the NH Governor's Commission on Domestic and Sexual Violence, and with technical assistance provided through NH Greenbook, DCYF utilized the DVS/CPSW quarterly meeting process to revised the DCYF Domestic Violence Protocol. This new Protocol was officially released in November 2003. The DHHS domestic violence training team provided mandatory training for all DCYF staff and DVSs on the protocol at each district office. These trainings were concluded in Februaury 2005.

Competency based training on co-occurrence of domestic violence and child maltreatment, and the domestic violence protocol continues to be provided for all new CPSWs.

Action step d: DCYF Bureau of Quality Improvement and Training and Clinical Administration will continue active participation in the Greenbook Demonstration Project addressing collaborative responses by the courts, DCYF, and NHCADSV.
Status: Implemented and continuing (See NH Greenbook)
NH DCYF continues, with the NH Administration of the Courts, NHCADSV, and NH CASA, to actively participate in this demonstration project addressing a multi system collaborative response to co-occurrence of domestic violence and child maltreatment. This five year demonstration is entering its final stages in which the primary partners are developing plans to sustain the processes supported by Greenbook.

Objective 5: Support application of collaborative approaches to child abuse, neglect and Behavioral Health Services to all areas of the State of New Hampshire.

Action step a: DCYF will work to improve access to and development of appropriate behavioral health services in all communities.

- NH DCYF, DJJS and the Division for Behavioral Health continue to partner in CARE NH, which provides collaborative mental health services to children and their families in the Berlin, Littleton, and Manchester District Offices (See CARE NH), through an established wrap-around model. CARE NH is a collaborative comprised of families, schools, public and private agencies to ensure access to local services and supports for SED (Serious Emotional Disturbance) children/youth. To date most DCYF cases that could benefit from

CARE NH intervention involve children who have met the SED, and thus, the CARE NH eligibility criteria.

- DCYF initiated policy on 7/1/2004 to ensure that all children who are under three years of age, and are in founded DCYF assessments, are referred to agencies that provide developmental screenings consistent with those used by IDEA Part C agencies (See Well Being, Goal B, Objective 1, action step a).
- During 2004, DCYF initiated the Foster Care Mental Health Program, which ensures providing mental health assessments for every child entering temporary out of home care. The program is scheduled to be operating statewide by December, 2005.
- A Pilot project initiated in 2004 provides clinical consultation on site at the Manchester district office. The pilot out sources a child psychiatry resident in the Dartmouth Hitchcock medical school dept of psychiatry to shadow and act as consultants to the child protection staff. In addition, the residents are available for consultation to CPSWs and to Foster Care Health Program nurses.

Action step b: The Clinical Administrator, and Child Protection Administrators will evaluate and implement application wraparound processes such as CARE NH to all areas of the state. ***Adapted from PIP: P1.5.D.1.c***

Status: Implemented

DCYF is initiating efforts to replicate the enhanced wrap around process incorporated in the CARE NH model. A grant was submitted to SAMSHA by the DBH to expand system to Keene D.O. While SAMSHA did not approve the grant application, the process gave DCYF and other key partners in the Keene area the opportunity to replicate many aspects of NH CARE in their region. The Laconia and Conway D.O.s are not affiliated with a CARE NH team. Training was held in Laconia in July 2004; the wrap-around team held its first meeting in August 2004. The initial meeting with Conway community providers was held by the end of December 2004. Another grant application was submitted to SAMSHA by DHHS in conjunction with DOE to replicate CARE NH throughout the state.

Action step c: DCYF will maintain and continue development of interagency agreements and provision of services to address needs of families and children with developmental disabilities.

Status: Implemented

- As a division of NH Department of Health and Human Services, DCYF is linked with other bureaus and divisions including the DHHS Infant Toddler Program, the Bureau of Developmental Services, and the Division for Behavioral Health. Division and Bureau directors participate in an ongoing process designed to ensure seamless provision of services.
- In the areas in the state served by CARE NH , DCYF supervisors participate on regional teams and state level administrators are a part of an interagency state level steering committee for the initiative. This group, the Children's Care Management Collaborative (CCMC), is a cross section of those who are involved with services to children on a state level. CCMC team members have the authority to resolve systems issues that interfere with the ability of the family team to provide the needed community services to the family to enable them to stabilize the child in a community placement. DCYF continues to participate in the Children's Care Management Collaborative and with various subcommittees that focus on creating a Memorandum of Understanding between the agencies, and creating a budget that will sustain the process once the grant lapses.
- Educational Specialists continue to be assigned to specific District Offices to monitor the special educational needs of DCYF children. Quarterly training is offered to all new field staff regarding educational issues and a quarterly report is issued summarizing the educational status of the involved children. The Educational Specialists also provide regular case-specific consultation to the field. In addition the Educational Specialists offer:
    - Yearly refresher training at each DCYF office,
    - Office consultation to staff,
    - Assistance with educational troubleshooting,
    - Reviewing educational records, and
    - Maintaining records related to above.

Action step d: The Family and Community Services Administrator will ensure that DCYF demonstrates the identification, evaluation, and application of supports and services to birth parents prior to the TPR/permanency process, ensuring that those services and supports contribute to parent wellness, and the future relationship between the parent and child.

Status: Implemented

Permanency Teams, currently operating in all DCYF district offices, focus on resolving barriers to safe reunification or other permanent options such as adoption.

Permanency Plus, currently operating in five DCYF district offices, initiates immediate support to birth families when their children enter out of home care for the first time. Ongoing support is provided and coordinated through home based counseling.

Domestic violence specialists are available to families receiving DCYF services in every district office. DVSs often coordinate services with other practitioners to promote access to all necessary services for domestic violence victims.

Licensed Alcohol and Drug Counselors (LADC) involved in Project First Step provide direct treatment and help to coordinate supportive services for parents at all stages of DCYF intervention from assessment through case conclusion. LADCs in this program have the capacity to provide aftercare for two months after DCYF concludes its involvement.

Objective 6: Support application of statewide collaborative approaches to ensure access to quality medical and oral health care by children served by DCYF.

Access to comprehensive oral health services will improve throughout the state. (PIP: SA36.B)

This objective and action steps below will be merged with Well Being, Goal B, Objective 2, Action step a.

Action step a: Engage with statewide stakeholder groups, such as the Coalition for New Hampshire Oral Health Action, that address access to medical and oral health care.

Action step b: The Foster Care Health Program supervisor will continue to participate on DHHS Oral Health Action Team to identify/create ways to expand access to dental services. *(Adapted from PIP: SA36.B.1.a.)*

Action step c: Apply successful collaborations [addressing access to oral health care] to all communities served by DCYF.

Objective 7: Ensure consistency of services and interventions between DCYF and partnering organizations in training, contracted services, and collaboratives.

Action step a: The Fiscal Administrator will demonstrate that all RFPs and contracts and training programs require familiarity with, and practice of, concepts and protocols outlined in:

- The Governor's Commission on Domestic Violence Multidisciplinary Protocol.
- The NH Attorney General's Committee on Child Abuse and Neglect
    - Educational Protocol and
    - Law Enforcement Protocol.

Status: Implemented

During 2004 DHHS administrative rules for agencies providing home based counseling services were amended to include the requirement that those agencies must be familiar with and follow domestic violence protocols for mental health and DCYF.

Beginning in January 2005, new contracts with community based agencies providing services incorporated language requiring contracted agencies providing direct services needed to demonstrate knowledge of co-occurrence of domestic violence and child abuse/neglect. The purpose for this is to further ensure that families referred for voluntary or Comprehensive Support Services receive a response to co-occurrence that is consistent as when the family is involved with the child protection system.

Action step b: DCYF will ensure that providers involved in collaborative services have access to DCYF training opportunities.

Status: Initiated

- All domestic violence specialists and Project First Step LADCs are involved in DCYF CORE training and in advanced training as determined by their supervisors. DHHS and NHCADSV maintains a full time training team that provides education and awareness building about co-occurrence, and Best practice responses to families affected by domestic violence.
- DHHS Division for Public health, Drug and Alcohol Policy is presently engaged with DCYF in providing on-site education and awareness building regarding co-occurrence of substance abuse and child maltreatment. Project First Step LADCs provide education to

local community providers about co-occurrence and Best Practice approaches when families are affected by substance abuse and child maltreatment.

- DCYF and the NH Dept of Education, through the Attorney General's Task Force on Child Abuse and Neglect, provide training to teachers and school personnel regarding the effect of abuse and neglect on children, reporting mandates, and the education protocol that addresses responding to child abuse and neglect.

Action step c: The Family and Community Services Administrator will evaluate and assure that local Family Resource and Support Programs design their activities that are research based and consistent with recognized best practices.

Status: Implemented

DCYF is in partnership with the NH Children's Trust Fund in providing information and technical assistance to community based agencies and family resource centers to promote Best Practice approaches to family support that is supported by research.

- The Mapping Project is a data collection initiative about family support programming in New Hampshire. This project is part of a national data collection project coordinated by Family Support America. The Mapping Project in New Hampshire is being coordinated by the New Hampshire Children's Trust Fund.
- The Outcome Accountability Project is an initiative designed to accurately and reliably demonstrate progress on short-term and intermediate-term outcomes of family support program participants. It is being coordinated by the New Hampshire Children's Trust Fund in partnership with Family Resource Information, Education, and Network Development (FRIENDS), a national nonprofit based in Chapel Hill, North Carolina.[7]

[7] http://www.nhctf.org/default.asp?PageID=4326&Expand=4326

Objective 8: Access to transportation services for families connected to DCYF will improve throughout the state. (PIP: SA36.C)

Action step a: By September 2004, utilizing local Permanency Planning Teams and Resource Development Teams, the Family and Community Services Administrator will implement a district office specific transportation needs assessments as part of the informal community-based service resources and needs assessments. *(Adapted from PIP: SA36.C.1)*

Status: Initiated

(1) By 2004 Permanency Planning Teams were in place in each D.O. and a record of each team meeting recorded barriers to achieving permanency and service needs.

(2) Due to the department's recent reorganization, four staff were designated as Community Relations Managers; each manager oversees two or more D.O.s. The Community Relations Managers held monthly meetings in each D.O. to inform staff of existing services and to determine what services are needed.

(3) Current service array information has been obtained for all D.O.s. The next goal is for work plans to be developed in collaboration with DO supervisors and ISO teams: benchmark is by 06/30/2005. Assistant CPS Administrators will review DO work plans to assure consistency of effort with other DO and state office initiatives.

(4) Bridges is addressing SACWIS Requirement to "identify and match services to meet the client's case plan needs" which will enhance search for needed services; estimated timeframe is 06/2006. See PIP SA35.A

Action step b: By October 2004, the Family and Community Services Administrator, in collaboration with Fiscal Bureau Financial Analyst, will revise transportation services policies, i.e., Accompanied Transportation, Transportation and Public Transportation, to include performance and outcome measures. (Adapted from PIP: SA36.C.1.a)

Status: Implemented

Feedback was received from staff and providers by end of February. Meeting will be scheduled if determined to be necessary. Policies expected to be approved by by the ’06 state fiscal year. 06/2005.

Action step c: By October 2004, the Family and Community Services Administrator, in collaboration with Fiscal Bureau Financial Analyst, will implement meetings with transportation providers to

(1) Review revised policies,

(2) Assess and address service needs, and

(3) Be organized as recruitment of new providers. *(Adapted from PIP: SA36.C.1.b)*

Status: Implemented *See Action step b above*

Action step d: The Family and Community Services Administrator, in collaboration with Fiscal Bureau Financial Analyst will ensure that all CPSWs, JPPOs and DO supervisors will be trained regarding Medicaid eligibility requirements for transportation services. (Adapted from PIP: SA36.C.2.a)

Status: Implemented

DJJS Field Services administration will meet with the Community Relations Managers to address DJJS service array in the same fashion as described in action step a above.

VI. Agency Responsiveness to the Community

Goal A: Build and maintain a formal network between program and grant administration, and community based efforts to address specific systems barriers.

Objective 1: Engage in a coordinated statewide public awareness campaign to ensure awareness of opportunities for personal and family support that exist in DHHS and partnering organizations.

Action step a: DCYF will promote HHS engagement in community based events such as "contractor fairs" that publicize services and access, with consideration to cultural, ethnic, and linguistic needs.

Status: Under review

The Community Relations Managers (CRM) have assumed the responsibility of identifying existing community resources, identifying service needs and working with administrators and supervisors to obtain and maintain needed services. The CRMS have begun to meet with the D.O. supervisors and will provide a preliminary report of service needs and a strategic plan to meet those needs by mid-March, 2005. Due to a vacancy, two D.O.s do not have a CRM currently assigned to them; the supervisors and ass't CPS administrators will identify service needs and develop a strategic plan (See PIP SA35.A.1)

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Action step b: BQIT will develop and utilize tools that track attendance, and evaluate services and needs for attendees at public information gatherings sponsored by DHHS.

Status: Initiated

Objective 2, action step b below identifies both statewide and local stakeholder focus groups or committees for which DCYF BQIT tracks attendance information. Information includes:

- Attendee
- Role/organization
- Community residing in or serving
- Contact information

Action step c: Incorporating information from action step b, DCYF will support and enhance information and referral resources that exist throughout the state.

Status: Initiated

Objective 2, action step b below identifies both statewide and local stakeholder focus groups or committees for which DCYF BQIT tracks attendance information. Service needs identified at local stakeholder focus groups are identified in Case Practice Review reports and are included as elements in local district office Practice Improvement Initiatives (PII), and are used to evaluate statewide policy, programs, and initiatives.

Objective 2: Build a formal ongoing network that connects information about essential community needs to the statewide process involved in programs and contracts.

Action step a: Through the Comprehensive Family Support Initiative, the Family and Community Services Administrator and Bureau of Quality Improvement and Training will develop a formal link between DCYF and consumers through DCYF funded community-based agencies.

Status: Implemented

The New Hampshire Child Welfare Advisory Board serves as the major connection between New Hampshire communities to supporting initiatives that provide family support and child abuse and neglect prevention efforts through the Title IV-B, Preserving Safe & Stable Families (PSSF) Grant.

The Child Welfare Advisory Board identifies consumer needs, makes recommendations on funding initiatives, reviews Requests for Proposals for contracts that utilize PSSF funding, and with DCYF, will assist in monitoring contracts that utilize PSSF funding to promote the Safety, Permanence, and Well being of children through prevention of child abuse/neglect. The Child Welfare Advisory Board participates in the development of the five year Comprehensive Child & Family Services Plan, as required to fulfill DCYF's eligibility for the Preserving Safe & Stable Families grant. A member of this committee is one of NH DHHS's four regional Community Relations Managers (CRM), and acts as a liaison with the other CRMs. One member of the committee is the present chair of the DCYF Advisory Board. One other member is associated with Ndakinna Inc, a New Hampshire based organization advocating for individuals who are of Abenaki descent.

A memorandum of understanding clarifying the role of this committee as well as its ties with the DCYF Advisory Board and the Citizen Review Panel. was drafted and approved in 2003 (See Attachment VI).

Action step b: Through regular community stakeholder meetings, assess local service arrays and local conditions that address service barrier and access issues.

Status: Implemented

- The DCYF Child Welfare Committee has been meeting regularly during this reporting period. Insights and recommendations from this group resulted in modifications to contracts funding statewide programs so as to better tailor programs to community needs. Also, members of the committee have made themselves available to the staff development program to assist on training issues related to ICWA and individuals with disabilities.
- Through the Case Practice Review, community based stakeholder focus groups were held in ten communities served by local district offices. Participants were asked a number of questions to assess the local service array, and how DCYF services fit local community needs. Participants also identified local formal and informal groups or organizations that function to resolve local barriers to services and supports. This information is being given to the child welfare committee identified in action step a so that a formal link between these local groups and those making program and funding decisions will be strengthened.

Objective 3: Through ongoing involvement with key stakeholder groups, evaluate and apply initiatives that will decrease the amount of time that a child is in temporary out of home care when reunification cannot occur, and adoption is the only viable permanency solution.

Acton step a: DCYF will participate in constituency groups such as:

- The Commissioner's Adoption Advisory Committee
- Adoption Advisory Council
- Consortium of NH Licensed Private Adoption Agencies
- New England Regional Adoption Managers
- New Hampshire Adoption Support Groups

Status: Implemented

DCYF has maintained consistent representation and involvement with the groups listed above.

Action step b: By June 2006, the DCYF Adoption Specialist will evaluate and launch an initiative that better incorporates faith-based communities in recruitment and training of foster/adoptive families.

Status: Initiated

During 2005, DCYF issued a request for proposal (RFP) for a contract to address a statewide faith based initiative focused on recruitment, education and retention of foster/adoptive parents. As a result of the RFP, a contract is currently under development. Program goals for the proposed contract include the following:

a. Development of strategies to promote recruitment and retention of foster and adoptive parents in community and faith based organizations in New Hampshire.
b. To assist the Division for Children, Youth and Families (DCYF) with outreach to community and faith based organizations and to act as a clearinghouse of information on recruitment and retention of foster and adoptive families within these organizations.
c. To engage an advisory group of community and faith based organization leaders.
d. To provide education and training to community and faith based coordinators in each organization participating in this initiative.
e. To promote the support of foster and adoptive parents within their identified community and faith based organizations.
f. To evaluate the effectiveness of community and faith based recruitment and retention initiatives.

Action step c: Through the Child Protective Services Administration and the Agency Legal Services Administrator, DCYF will work with the Court Improvement Project (CIP) administrator to assess and address reasons for delays in adjudicatory, dispositional, review and permanency hearings all of which lead to delays in achieving adoption within agency policy timeframes. (Adapted from PIP: P1.9.F.)

Status: Implemented

The Child Protection Administrator, with support from the Agency Legal Services Administrating Attorney, has maintained close involvement with New Hampshire's Court Improvement Project. The CPS Administrator is working closely with a representative to the New Hampshire

Administrative Office of the Courts to provide district office training regarding CIP protocols, and discuss with local CPS staff barriers that effect timeliness of service delivery and resolution of concurrent plans.

VII Foster and Adoptive parent recruitment, licensing, and retention

Goal A: Provide initial and ongoing training that supports commitment to early reunification or permanency for children who are in temporary out of home care.

Objective 1: Ensure that foster /adoptive parents receive training relevant to their needs, as well as the needs of the children in their care.

Action step a: Develop methods for individualized training requirements for foster/adoptive parents.

Status: Initiated

Presently all foster/adoptive parents are provided with a catalogue of available trainings, and are encouraged to select training courses that suit their individual needs. Foster care workers assist foster/adoptive parents in identifying and selecting the courses that best match their current needs and circumstances

Action step b: By June 30, 2007, review and revise the foster and adoption pre-service curriculums.

Status: Implemented

The Foundations for Fostering curriculum has undergone several revisions of modules.

Most recently, the Regulations model was released in October 2004. Beginning in the Spring of 2005, a commmittee began the process of blending the Adoption Essentials Orientation and the Foundations for Fostering Orientation and Regulations. The GSC Contract beginning July 1, 2005 includes the responsibility for GSC to blend the two curricula together resulting in one point of entry for families wishing to provide foster care and/or adoption. The "new" orientation will be tested during the Winter of 2005

Action step c: Extend training and educational opportunities via College of Lifelong Learning to other key people, such as child care providers.

Action step d: Ensure that each foster/adoptive parent has a support through the mentorship program in his or her region.

Status: Implemented

Mentoring is both an formal and informal process. A standardized training is offered to foster parents who seek to mentor less experienced foster parents. The Granite State College developed a course,

Action step e: Using a rotating on call process, DCYF will ensure that foster/adoptive families have ongoing after-hours access to the CPSW licensing worker regarding their particular support needs. *(Adapted from PIP: P1.8.C.1.a)*

Status: Accomplished

Beginning November 1, 2003, DCYF provided after hours support to foster parents and relative caregivers by providing them with a pager number that is carried by paid DCYF staff. Staff can provide telephone support to caregivers, but it is not intended to provide for emergency removal of children from the home.

Goal B: Combine foster and adoptive services to develop additional resource families.

Objective 2: Continue to expand throughout the State to recruit flexible foster/adoptive resources for children.

Agency to begin recruitment of resource homes in larger proportion than foster or adoptive homes: a resource home/family works intensively with the birth family toward reunification but if that were not successful, the family would become the permanent placement for the child(ren). (PIP: P1.6.D)

Action step a: Apply Permanency Plus to all areas in the state. (See Service Array, Goal B, Objective 2) Permanency Plus is currently operating in five of the state's twelve district offices.

Action step b: Identify and address current barriers to foster care/adoption recruitment.

Status: Implemented

Foster/adoptive parents have participated in all community based case practice review stakeholder focus groups. Their participation and contributions in these groups results in increased awareness of issues that can effect recruitment.

In addition, the Permanency Planning Teams are collecting data regarding the barriers to permanency for children in placement for nine months or more. This data will be used to develop and provide services and programs to remove or reduce those barriers

Action Step c: Recruit foster families who are willing to be the permanent family for a child if reunification cannot be achieved.

Status: Implemented

Permanency Plus is a time limited family reunification program that is currently operating in five district offices throughout the state. Recruitment and training for resource (foster/adoptive) families into this program includes focus on the commitment for a resource family to be the permanent home for a child if reunification cannot occur.

Beginning with the Statewide Recruitment and Retention Plan of 2004-2005, the foster and adoptive home recruitment resources and strategies have been combined. All advertising and materials reflect the recruitment strategy of recruiting all kinds of families to serve all kinds of children. Additionally, information is also provided to inquiries who are interested in providing for children but perhaps not having them in their home. Mentoring, virtual mentoring and other options are explored in order to match children and youth with caring adults.

Action step d: By June 30, 2006, centralize foster and adoptive inquiries.

Status: Initiated

New Hampshire BRIDGES BRG2005-33 Revocation of Foster Home License (SACWIS 51) Business Requirements

NH Bridges will automatically deliver a special notice to the licensing worker responsible for the home, the CPSW or JPPO responsible for each child in the home, their respective supervisors, and the foster care specialist at State Office whenever:

1. The Intake Unit receives a report alleging abuse or neglect by a foster parent and assigns the assessment to the Special Investigations Unit via Bridges.
2. During any assessment, a foster parent is identified in Bridges as an alleged perpetrator.

3. A finding is documented against a foster parent perpetrator in Bridges.
4. The provider relations specialist closes a foster home provider in Bridges with a reason of "licensed revoked." (In this situation, a notice will also be delivered to the child welfare administrator.)

Staff at all levels may still make appropriate telephone, email and personal contacts with regard to foster home investigations and license revocations. However, these enhancements will ensure that the essential staff are notified whenever an assessment, finding or revocation takes place.

All adoption inquiries are managed through a contract with the NHFAPA and Adoptuskids. A private contractor, formerly a DCYF foster care worker, responds to calls, web contacts, and other inquiries,and provides information and support until contact is made by a DCYF foster care or permanency worker. Foster care inquiries continue to be responded to by the foster care worker in the District Office.

Action step e: By June 30, 2008, evaluate and incorporate into policy, the roles and responsibilities of foster care and permanency staff as they relate to licensure and approval.

Status: Under review

Permanency Options policy has been developed which begins to spell out the roles of foster care and permanency staff as they relate to permanency planning teams. Policy is projected to be finalized by July 30, 2005.

ATTACHMENT I

DCYF VOLUNTARY SERVICES POLICY 708

708 Voluntary Services

PHILOSOPHY: This policy allows DCYF to offer prevention services to children and their families to relieve conditions that may lead to child maltreatment.

PURPOSE: Voluntary services are designed to provide temporary assistance for families without court intervention.

DEFINITIONS:

(a) "Voluntary placement" means out-of-home care in a foster home for children ages' birth to 18 years and related services for the child's parents.

(b) "Voluntary services" means temporary assistance to families who request DCYF services and in which no unresolved child abuse or neglect issues exist.

POLICY:

(a) Parents must request voluntary services from DCYF, and the following process is followed:

(1) The DCYF Intake Unit screens all requests from parents for voluntary services or voluntary child placements.

(2) When no concerns of child abuse or neglect are alleged, Intake staff may either refer families to:

a. The local, contracted Family Resource and Support Service provider (See ITEM 82(c).);
b. Another community resource; or
c. The D.O. Family Services Unit.

(3) If concerns of child abuse or neglect are alleged, Intake staff refers the report to the D.O. Assessment Supervisor for assignment to an Assessment CPSW.

(4) If no finding of child abuse or neglect is determined but voluntary services may best assist the family, the Assessment CPSW:
a. May, with the agreement of the parents and the Supervisor's approval, offer voluntary services to the family;
b. Must not identify the person or persons responsible for the referred allegation of child abuse or neglect; and

c. Must not forward the names of the parent for entry into the Central Registry.

(5) When a voluntary services case is assigned to the Family Services CPSW, he or she must:
a. Meet with the family to determine service needs;
b. Authorize time-limited DCYF services for no longer than 6 months;
c. Develop and implement the Case Plan with the family; and
d. Monitor the delivery of services by obtaining progress reports, contacting providers, and meeting with the family.

(b) For all families who request voluntary services or child placement, the following criteria apply:

(1) The family has no existing child safety factors as determined by DCYF staff;

(2) The service requested must not be available to families through a community service agency;

(3) The family is willing to develop and implement a time-limited Case Plan with DCYF;

(4) The family is informed that if child abuse or neglect is identified, a DCYF assessment will be initiated; and

(5) The family is informed and understands its responsibility for reimbursement for the cost of services or placement.

(c) The following types of situations may be considered for voluntary services:

(1) The parent is temporarily unable to effectively carry out parenting because of physical or mental illness, disabilities, convalescence, alcohol or substance abuse, or complications of pregnancy;

(2) The family consists of young parents, a single parent, or teen parents who are inexperienced, stressed, or temporarily struggling with their parental responsibilities;

(3) A socially isolated family lacks appropriate parenting role models and access to supportive services;

(4) A family in which the parents' ability to effectively parent their children is diminished due to preoccupation with the care of one or more family members, such as their spouse, child, or a grandparent who is chronically ill, convalescing, or permanently

disabled; or when a parent has a prolonged grief reaction over the death of a spouse, child, or other person;

(5) A family needs help in learning how to care for children due to lack of knowledge, emotional immaturity, or overwhelming responsibility for many children;

(6) A family is headed by grandparents or other relatives who are overwhelmed with the responsibilities of parenting, placing the child at risk of placement; and

(7) A family needs therapeutic intervention to avert future neglect, abuse, emotional disturbances, or placement of a child.

(d) Types of situations that must not be opened for voluntary services include:

(1) Families whose child needs long-term care or residential treatment; and

(2) Families whose child is a child in need of services (CHINS) or a delinquent.

(e) The goals under which these children and families are served on a voluntary basis include:

(1) Achieving self-sufficiency; and

(2) Preventing abuse and neglect by preserving and rehabilitating families.

(f) If available, the voluntary services and placements that may be offered to families include:

(1) DCYF Case Management;

(2) Child Care;

(3) Child Health Support;

(4) Crisis Intervention;

(5) Family Support;

(6) Home-Based Therapy;

(7) Respite Care;

(8) Alcohol & Drug Abuse Outpatient Counseling;

(9) Family Counseling;

(10) Individual or Group Outpatient Counseling;

(12) Transportation, pursuant to ITEM 72 (r);

(13) Child Placement in a Foster Family Home; and

(14) Other DCYF purchased services upon the Supervisor's prior approval.

(g) The County Human Services Administrator must approve voluntary services and placements, prior to authorization by the CPSW and Supervisor.

(h) Voluntary Services must be time-limited and must not be authorized for any longer than 6 months.

(i) The Supervisor must review each open voluntary services case every 30 days to monitor family progress, CPSW contacts and visits, and completion of paperwork and entries on Bridges.

(j) Voluntary placements must only be authorized:

(1) When caregivers are unable to provide for their child's care due to the caregiver's temporary incapacity, such as mental or physical illness or injury;

(2) When no other placement resource is available to the family;

(3) As a short-term remedy, up to 30 consecutive days, with 30 day extensions approved by the Assistant Administrator;

(4) When care will not exceed 180 days; and

(5) When arranged in licensed foster family homes.

(k) The objectives of voluntary placement are:

(1) To provide sustenance, care, and nurturance for children by voluntarily placing them in foster homes while their regular caregivers receive medical care, mental health treatment, or other services; and

(2) To ensure that quality care, stability, and safe conditions exist for children whose caregivers are unable to provide parental responsibilities due to hospitalization or in-patient medical treatment.

(l) The "Request for Voluntary Services" (Form 2235) and if a child's placement is requested, the "Voluntary Placement Agreement" (Form 2235A) must be developed between DCYF and the family.

(m) Prior to the "Voluntary Placement Agreement" being developed, the CPSW must seek other service and placement options available though the family's kinship and informal support network. The efforts to locate other services, supports, and placements must be documented in the Case Plan.

(n) An administrative case review must be held within 6 months from the date of the initial placement.

(o) If the child will be in voluntary care for more than 180 days, a petition alleging parental neglect must be filed with the court of jurisdiction by the 166th day of the initial agreement.

(p) If the child is to be placed out of his or her school district, the Education Specialist must be contacted and consulted concerning required documentation prior to the placement.

PROCEDURES:

(a) For Voluntary Services cases, the Assessment CPSW must:

(1) Determine the allegation of abuse or neglect to be unfounded;

(2) Not forward the name of the alleged perpetrator to the Central Registry; and

(3) Complete all required paperwork and entries on NH Bridges, including the SDM screens.

(b) For Voluntary Services cases, the Family Services CPSW must:

(1) Meet with the family within 7 days to determine service need;

(2) Provide or authorize DCYF services following the county's approval;

(3) Monitor service delivery of the provider by obtaining progress reports, contacting providers, and meeting with the family;

(4) Develop the Case Plan with the family;

(5) Complete the "Financial Statement" (Form 2139) with the family;

(6) If the child is placed, complete the "Medical Authorization" (Form 2266), complete the "Child'
s Information Sheet" (Form 2267), and arrange for the administrative case review; and

(7) Complete all required paperwork and entries on NH Bridges, including the SDM screens.

(c) The Supervisor, CPSW, and the parents or guardian must sign the "Agreement for Voluntary Services" (Form 2235) and the "Voluntary Placement Agreement" (Form 2235A).

(d) The appropriate county human services administrator must also sign the 2 forms and note financial responsibility for 25% of total cost of placement and services.

(e) Copies of the "Agreement for Voluntary Services" (Form 2235) and the "Voluntary Placement Agreement" (Form 2235A) must be provided to each parent and retained in the case record.

PD 02-02

EFFECTIVE DATE: February 11, 2002

DISTRIBUTION: DCYF Manual Holders
(CYF708)

Attachment II: DVS Referral Form

Referral number_____

Domestic Violence Indicators: Factors for DCYF Supervisors to Consider

***Note – This document is intended for DCYF Supervisors; its purpose is to assist in the process of identifying possible domestic violence and making referrals to the DVS or local crisis center. It is not an adequate screening tool for interview purposes, nor is it intended to replace a comprehensive interview.**

Primary Indicators: Automatic referral to DVS

- ☐ Prior CPS report with domestic violence history
- ☐ Alleged perpetrator's history of violence (police intervention: arrest, criminal record)
- ☐ Conflict regarding separation/estrangement/divorce of the parties
- ☐ Restraining Order: current, previous, or attempt to obtain one (also violation of orders)
- ☐ Property destruction
- ☐ Disclosure of father/stepfather/boyfriend engaging in unsafe behavior, i.e. driving recklessly while partner and/or kids are in vehicle
- ☐ Mother has observable injuries
- ☐ Cruelty to or violence directed toward pets
- ☐ Other: Specify_____

Secondary Indicators: Mandates a consultation with DVS

- ☐ Allegations of father/stepfather/boyfriend physically, sexually, or emotionally abusing children
- ☐ Presence of, recent acquisition, use or change in use of weapons
- ☐ Obsessive possessiveness or jealousy
- ☐ Power imbalance: examples include, but are not limited to:
  - *One partner is underemployed/unemployed
  - *Significant difference in income
  - *One partner has dependants, the other does not
  - *Alcohol/drug abuse
- ☐ Isolation: examples include, but are not limited to:
  - *Recent or chronic relocation, homelessness

*Lack of support system, estranged relationship with family and/or friends

*Limited access to phone and/or transportation

☐ Other: Specify_____

FOR CPSWS:
After a referral/consultation has been made to the DVS, please initial below and return to DO Supervisor.

Case Worker: _____ **DO Supervisor: _____**
Date: _____ **Date: _____**

Effective Oct. 2003

Attachment III: LADC Referral Form

LADC Referral Form

☐ **Today's Date: _____**

☐ **NO Substance-Related Child Maltreatment or Substance Abuse Indicators**

☐ **Declined contact from LADC**

☐ **Screen further – No Primary Indicators – Consult with LADC**

☐ **Safe, Confidential, AND Private time for LADC to make contact: (reminder – no contact will be made without this information)**

Name: _____

Safe phone number: _____

Best time to call: _____

☐ **If no phone, CPSW will arrange office meeting:**

Date: _____ Time: _____

Comments:

NOTE: Please attach copy of Substance-Related Child Maltreatment Indicator Checklist with referral.

Referral #: _____

Substance Related Child Maltreatment Indicators

Consider present and past history that includes these indicators:

Referral to LADC

Any one of the primary indicators below must result in a referral to the LADC:

1. ☐ Any current or prior disclosures, or official records of substance-related problems (relationship, mental health, physical health, financial, work, legal, loss of child custody, child maltreatment, prior treatment, etc.)
2. ☐ Evidence that a caretaker or other adult in home was engaging in unsafe or risky substance-related behavior (e.g. child endangerment, drinking & driving with children in car, intoxicated while care taking children, passed out or unable to respond to an emergency, putting children in unsafe situations, using when pregnant, etc.)
3. ☐ Evidence of exceeding federal low-risk drinking guidelines (e.g. For those who have not developed alcoholism-No more than 2 drinks per day on avg; no more than 3 drinks in a given day, abstinence for those who have developed alcoholism).
4. ☐ Evidence of using illegal substances or misuse/abuse of legally prescribed medications or OTC drugs.
5. ☐ Evidence of current or past substance-related legal problems (e.g. police involvement, police records, etc.)
6. ☐ Evidence of current or past substance-related health problems (e.g. doctor or provider records, etc.)
7. ☐ Current caretaker or other adult in home discloses having a current or past substance use problem.
8. ☐ Spouse or significant other complains about current caretaker's substance abuse problem.
9. ☐ Current caretaker complains about other adult in home having a substance abuse problem.

10.☐ Evidence of current or past substance-related aggressive or domestic violence behavior or victimization.
11.☐ Evidence of current or past substance-related interference with a primary caretaker's social, family,
school, work, or parenting responsibilities (e.g. substance-related financial problems impacting ability to provide for
children's basic needs, spending significant amounts of money and time on alcohol or drug use, etc.)
12.☐ Evidence that caretaker was a victim of child abuse/neglect as a child.
13.☐ Evidence that caretaker has a substance abuse treatment history.
14.☐ Evidence that caretaker gave birth to a child born positive for illegal/ harmful substances.
15.☐ Evidence that caretaker provided alcohol or other drugs to minors or children in their care.

Consult made to LADC

Indicators below need further screening/ assessment to rule out a Substance Abuse Problem:

1. ☐ Any current or prior allegations or reports of substance-related problems (relationship, mental health, physical
health, financial, work, legal, child maltreatment, loss of child custody, prior treatment, etc.)
2. ☐ Reports of unsafe or risky substance-related behavior (e.g. child endangerment, drinking & driving with children in car,
intoxicated while care taking children, passed out or unable to respond to an emergency, etc.).
3. ☐ Reports of aggressive or domestic violence behavior (greater than 50% of DV offenders struggle with SA).
4. ☐ Reports of domestic violence victimization (greater than 50% of DV victims struggle with SA).
5. ☐ Reports of sexual assault or childhood maltreatment victimization.
6. ☐ Concerns about substance abuse based on observation of behavior. (e.g. alcohol on breath, observing possible
substance-related withdrawal symptoms, bizarre behavior during interview, etc.)
7. ☐ Reports of doctor shopping (e.g. prescription abuse)
8. ☐ Reports of children not getting to school on time due to current caretaker oversleeping.
9. ☐ Concerns about substance-related interference with a current caretaker's or other adult's social, family,
work, or parenting responsibilities (e.g. substance-related financial problems, job loss, etc.).
10.☐ Reports that caretaker was a victim of child abuse/neglect as a child.
11.☐ Reports that caretaker has a substance abuse treatment history.
12.☐ Any other primary indicators identified above that are suspected, but without concrete evidence.

After a referral has been made to the LADC please initial below and place in the LADC referral box.
Case Worker: _____ Date: _____

DO Supervisor: _____Date: _____

Attachment IV: Health Care of Children in Placement

SUBJECT: Health Care of Children in Placement

PURPOSE: To establish the medical, dental, and mental health care policy for children in foster family care homes and relative homes.

DEFINITIONS:

(a) "Comprehensive health and developmental assessment" means the initial physical, developmental, and mental health evaluation by a medical professional that may include immunizations, laboratory tests, and hearing, vision, and lead screenings.

(b) "EPDST" means "early and periodic screening, diagnosis, and treatment" of the Medicaid program.

(c) "Foster care health program" means the DCYF program that coordinates the health care of children in foster family care homes and relative homes.

(d) "Health screening" means observed or documented behaviors or symptoms of a child by the CPSW, JPPO, or Nurse Coordinator that require the services of a health care professional.

(e) "Nurse coordinator" means the public health nurse coordinator of the foster care health program who coordinates services for immediate and on going health care of the child.

(f) "Substitute care provider" means residential care facility staff, foster parent, relative, or another individual with whom the child in placement resides.

POLICY:

(a) Health Care Planning

(1) Children must receive health care planning and health care services to meet their needs while in placement.

(2) Parents must take an active part in health care planning and delivery of health care services and are not relieved of this responsibility when their child is placed.

(3) The "Health Care Plan" (Form 2270B) is based on the needs of the child and the recommendations of the child's medical providers, dentist, or mental health specialist made at or submitted in writing prior to the Health Care Planning Meeting.

(4) The "Health Care Plan" (Form 2270B), that identifies the child's health needs and describes how and by whom services will be provided, must be retained in the Well-Being section of the "Case Plan" (Form 2240) and other health care information must be filed in the Health and Education Section V of the case record or file.

(5) Health care information about each child obtained by the CPSW, JPPO, the Nurse Coordinator, and the substitute care provider must be maintained on NH Bridges and shared to benefit the child's care.

(b) Health Care Services

(1) The delivery of health care services to children in placement must be a shared responsibility among DCYF and DJJS staff, parents, foster parents, and other substitute care providers.

(2) Each CPSW or JPPO must screen the child's health status during visits, meetings, and court appearances and document his or her observations in the "Case Contact Log" on NH Bridges.

(3) The health insurance status of each child being placed must be identified and documented by the CPSW or JPPO.

(4) The parent's health insurance must be the child's primary insurance coverage and Medicaid the secondary coverage.

(5) Each child must receive medical and dental examinations consistent with the following EPSDT schedule and AAP Recommendations for Preventive Pediatric Health Care:

a. Medical Examinations:
    1. Neonatal Examination;
    2. Six examinations through age one;
    3. Two examinations between age 1 and 2;
    4. Yearly exams at age 2 through 17;
b. Dental Examinations:
    1. Beginning at age 3, one visit every 6 months up to age 12. Includes prophylaxis, fluoride and oral hygiene instructions.
    2. After age 12, one visit every 6 months. Includes prophylaxis and oral hygiene instructions.
    3. Bitewing x-rays taken yearly for both age groups.

(6) The child must remain with his or her current medical provider, unless the distance of the court-ordered placement, new medical necessity, or recommendation of the CPSW, JPPO, or Nurse precludes this.

(7) Medicaid enrolled service providers and community mental health centers must be authorized by the CPSW or JPPO to provide behavioral health treatment to the child in care.

(c) Nurse Coordinators in the Foster Care Health Program serve children in foster homes and relative homes and assist the CPSW or JPPO by:

(1) Coordinating health care visits, exams, and treatment;

(2) Obtaining and reviewing health care histories and reports;

(3) Documenting health care planning activities and meetings; and

(4) Updating the child's health information on NH Bridges.

(d) Prior to the Child's Placement or At the Time of Placement

(1) The signed "Medical Authorization" (Form 2266) must be obtained from the child's parent by the CPSW or JPPO.

(2) When known or at case opening, the child's name, home address, and the name of primary care provider must be entered on NH Bridges by the CPSW or JPPO. The child's identifying information and medical insurance information must be forwarded via e-mail to the Fiscal Specialist. The Fiscal Specialist notifies the Nurse Coordinator via the "Information Transmittal" (Form 2135).

(3) The child's parents or the previous substitute care provider must complete the "Child's Information Sheet" (Form 2267) and provide the CPSW or JPPO with a medical history on each child that includes any ongoing health issues, the name of current health care providers, and the date of last medical exam.

(4) Medical and Behavioral Health Examinations

a. When the health screening by the CPSW or JPPO or Nurse Coordinator or medical examination identifies a medical problem, illness, or injury, treatment must be arranged or initiated for the child <u>within 48 hours</u>.

b. Within <u>30 days</u> of placement, children over the age of 2 must have a comprehensive health and developmental assessment completed by a medical professional. The "Referral to Medical Provider" (Form 2270) and the "Child's Health Profile" (Form 2270A) must document this referral and assessment.

c. Within <u>48 hours</u> of placement, children under the age of 2 must have a comprehensive health and developmental assessment completed by a medical professional. Form 2270A must document this assessment.

d. Within 30 days of placement, the child must receive a mental health assessment. The "Referral for Behavioral Health Services" (Form 2241) is used to determine a child's behavioral health status that may include: observed or documented depression, substance abuse, suicide potential, and the traumatic circumstances surrounding the child's removal from home.

(5) Within 48 hours of the placement, the substitute care provider and the Nurse Coordinator must be given a copy of the "Medical Authorization" (Form 2266) signed by the parent.

(6) Within 30 days of placement, the substitute care provider and the Nurse Coordinator must be given a copy of the "Child's Information Sheet" (Form 2267).

(e) While in Placement

(1) The parents, whenever possible, must assume all or part of the responsibility for the child's health care, for example: providing transportation to appointments, paying for medical care, and keeping records and documentation.

(2) If it is not possible for the parents to assume the health care responsibilities of the child, the CPSW or JPPO with the substitute care provider must ensure that the child's needs are met, as described in the "Case Plan".

(3) As soon as it is known, medical and mental health information about the child must be shared in writing with the substitute care provider, CPSW, JPPO, and Nurse Coordinator.

(4) If the child goes home, goes to another placement, or receives Respite Care, the substitute care provider must complete the "Child's Information Sheet" (Form 2267) prior to the transfer or discharge.

(5) The "Health Care Plan" (Form 2270B) for each child must be reviewed and updated every 6 months.

(f) Before Leaving Placement to Return Home

(a) The child must receive his or her medical information.
(b) When the child is aged 16-21, he or she must receive information about Independent Living.

PROCEDURES:

(a) Prior to the child's placement, the Child Protective Service Worker (CPSW) or Juvenile Probation and Parole Officer (JPPO) must:

(1) Obtain a signed "Medical Authorization" (Form 2266) from the parents at court or within 48 hours of the child's placement;

(2) Supply the Fiscal Specialist and the Nurse Coordinator in the District Office with:

a. The names of the child and parent, address, and telephone numbers;
b. The name and telephone number of the child's school;
c. The name, address, and telephone number of the substitute care provider;
d. The name and telephone numbers of doctors, therapist, and dentist; and
e. Information related to the child's medical and mental health conditions;

(3) Assist the child's parent in completing the "Child's Information Sheet" (Form 2267) and forward a copy to the substitute care providers and the Nurse Coordinator;

(4) Authorize medical, dental, and behavioral health services via the "Purchased Service Authorization/
Invoice" (Form 2110) and if necessary, provide the "Assurance for Payment of Medical Services" (Form 2102);

(5) Request the Fiscal Specialist via the "Service Authorization Request" (Form 2103) to enter the service information on NH Bridges; and

(6) Work cooperatively with the child, the parents, substitute care provider, medical and mental health providers, and Nurse Coordinator to coordinate services so the child may achieve an optimal level of health care.

(b) Prior to the child's placement or at the time of placement, the Nurse Coordinator must <u>when requested</u>:

(1) Assist the CPSW or JPPO in obtaining completed and signed copies of the "Medical Authorization" (Form 2266) and the "Child's Information Sheet" (Form 2267) from the child's parent;

(2) Obtain and document the child's medical information, including current health status and past medical history from the child's parents or relatives, school, previous substitute care provider, and physician and other health care providers;

(3) Complete the "Initial Referral to Medical Provider" (Form 2270) and send the "Child's Health Profile" (Form 2270A);

(4) Coordinate the child's medical care, ensuring that:

a. The substitute care provider has arranged for the comprehensive health and developmental assessment or a brief medical examination with the primary care provider;

b. The primary care provider receives the "Medical Authorization" (Form 2266) and the child's health insurance information;

c. All individuals are involved in addressing the health care needs of the child; and

d. New health information about the child is shared in writing with the parents, the substitute care provider, health care providers, and the CPSW or JPPO;

(5) Copy the child's medical history for the case record or file;

(6) Enter any new medical information in the "Client Medical Screens" on NH Bridges that include:

a. History with collaterals, contacts, and events and appointments;
b. Psychological Functioning;
c. Medications;
d. Immunizations;
e. Medical Providers;
f. Psychological Evaluation;
g. Psychiatric Hospitalization;
h. Medical Insurance; and
i. Additional Medical Notes; and

(c) The Fiscal Specialist must:

(1) Complete the application for medical assistance (DFA Form 800) on behalf of the child; and

(2) Share medical insurance information and changes with the Nurse Coordinator and the County Human Services Administrator via the "Information Transmittal" (Form 2135).

(d) While the child is in placement, the CPSW or JPPO must:

(1) Within 30 days, provide the substitute care provider with the "Child's Information Sheet" (Form 2267) and obtain updates to the form; and

(2) Implement the "Health Care Plan" (Form 2270B) for the delivery of health care services in cooperation with the child's physician, the child's parents, the Nurse Coordinator, and the substitute care providers.

(e) While the child is in placement, the Nurse Coordinator must:

(1) Coordinate and conduct a health care planning meeting as soon as possible upon receiving the child's health records and the completion of the comprehensive health examination or upon receipt of the medical exam report.

(2) The health care planning meeting may include:

a. The child's parents;
b. The substitute care provider;
c. The CPSW;
d. CASA volunteer;
e. School personnel;
f. The medical provider;
g. The behavioral health provider; and
h. Others involved in the health care management of the child.

(2) Mail the brochure "You're Invited to a Health Care Meeting" (Form 2265A) to the child's parents, foster parents, and others who will attend the health care planning meeting;

(3) Complete the "Health Care Plan" (Form 2270B) for inclusion in the "Case Plan";

(4) Ensure that the roles and responsibilities of parents, substitute care provider, and the CPSW or JPPO are clearly outlined in the "Health Care Plan";

(5) Distribute copies of the "Health Care Plan" to the involved individuals;

(6) Follow up on medical recommendations, review the "Health Care Plan" to ensure that the child is receiving examinations and treatment, and update the "Health Care Plan" as necessary;

(7) Provide a copy of the "Transfer and Discharge Health Information" (Form 2270D), the "Child's Information Sheet" (Form 2267), and the "Medical Passport" (Form 2270C) to the next substitute care provider or the parent when the child changes placement or returns home;

(8) Implement the plan (Form 2270B) for the provision of on going health care treatment and services for each child in placement;

(9) When possible, ask the parents to assist with the child's health care unless contraindicated;

(10) Update the "Health Care Plan" to ensure the child is receiving medical and dental examinations and treatment and document updated information on NH Bridges; and

(11) Forward updated health information to the CPSW or JPPO for inclusion in the case record or file.

(12) Enter any updated Medical information in the " Client Medical Screens" on NH Bridges.

DISTRIBUTION: DCYF Manual Holders

EFFECTIVE DATE: December 15, 2004

(CYF742)

Attachment V: DJJS Risk Needs Assessment

NH - DJJS Risk and Needs Assessment

Juvenile Name: 0 Client ID: 0 DOB: 1/0/1900

DJJS Staff: (Blank) Location: (Blank) Date Completed:

Case Type: (Blank) Gender: (Blank) Prior Contact: (Blank)

RISK FACTORS

Early developmental risks	R-1
☐ High stress pregnancy	1
☐ Substance abuse in pregnancy	2
☐ Complications of pregnancy/birth	3
☐ "Difficult" / irritable infant temperament	4
☐ Extreme shyness or clingy temperament	5
☐ Poor / negative attachment with mother	6
☐ Long absences of mother	7
☐ Delays in developmental milestones	8
Factor Sub-Total -	**0**

Childhood problems	R-2
☐ First legal charges 12 years old or younger	1
☐ Aggressive behavior 6 years old or younger	2
☐ Neurological disorder / serious head injury	3
☐ Serious medical problems	4
☐ Diagnosed psychiatric disorder	5
☐ Mental Retardation	6
☐ Serious school behavior / educational problems	7
☐ Mostly negative friends / peers	8
☐ Drug or alcohol abuse	9
☐ Runaways from mandated placements	10
Factor Sub-Total -	**0**

Family stresses	R-3
☐ Poverty / public assistance	1
☐ Single parent / divorce / separation	2
☐ Five or more children in the home	3
☐ Siblings born within 2 years	4
☐ Frequent family moves	5
☐ Parental Substance abuse	6
☐ Parental emotional or mental disorder	7
☐ Parental criminal background	8
Factor Sub-Total -	**0**

Traumatic experiences	R-4
☐ Highly conflicted parent / child relationship	1
☐ Exposure to violence / high conflict in the home	2
☐ Child neglect referral	3
☐ Physical abuse / harsh punishment in the home	4
☐ Sexual abuse or molestation	5
☐ Removal from home	6
Factor Sub-Total -	**0**

SUMMARY SCORES

Total Risk Factors -	**0**
Total Protective Factors +	**0**
NET RISK SCORE (Protective - Risk)	**0**

PROTECTIVE FACTORS

Early developmental strengths	P-1
☐ First born child	1
☐ "Easy" / happy infant temperament	2
☐ Warm / secure attachment to mother	3
Factor Sub-Total +	**0**

Family strengths	P-2
☐ Consistent employment of parent	1
☐ High school educated parent	2
☐ Parental monitoring of youth's activities / peers	3
☐ Rules, routines, curfews, chores in the home	4
☐ Fair discipline with discussion	5
☐ Mostly warm / positive relationship with a parent	6
☐ Adult supports / friends for parent	7
☐ Family church / faith involvement	8
Factor Sub-Total +	**0**

Educational strengths	P-3
☐ Ability to function as a good student	1
☐ Reading abilities at or above grade level	2
☐ Good problem-solving and reasoning skills	3
☐ IQ tested above 100	4
☐ Relationship with supportive adult at school	5
☐ Youth commitment to finish HS or college	6
Factor Sub-Total +	**0**

Involvement and supports	P-4
☐ Neighborhood monitors and supports youth	1
☐ Structured activity / organized hobby weekly	2
☐ Regular work at a job or volunteering	3
☐ Adult mentor / friend outside of family	4
☐ Support from positive peers	5
☐ Faith-based youth group involvement	6
Factor Sub-Total +	**0**

Social skills	P-5
☐ Gets along with other children	1
☐ Gets along with adults outside of family	2
☐ Is likeable to most people	3
☐ Good sense of humor	4
☐ Shows empathy / caring to others	5
☐ Able to apologize / make amends	6
Factor Sub-Total +	**0**

Positive perceptions and outlooks	P-6
☐ At least some perceived competency	1
☐ Perception that parents care	2
☐ Belief in self-control over life / destiny	3
☐ Realistic hopes and plans for the future	4
☐ Use of inner faith or prayer	5
☐ Acceptance of past and present problems	6
Factor Sub-Total +	**0**

Attachment VI: Child Welfare Committee MOU

Memorandum of Understanding:
Regarding the incorporation of the New Hampshire Child Welfare Board into the Division for Children, Youth & Families Advisory Board.

DCYF Vision Statement: We envision a state in which every child lives in a nurturing family and plays and goes to school in communities that are safe and cherish children.

DCYF Mission Statement: We are dedicated to assisting families in the protection, development, permanency, and well-being of their children and the communities in which they live.

DESCRIPTION OF THE BOARDS:

DIVISION FOR CHILDREN, YOUTH & FAMILIES ADVISORY BOARD:

The DCYF Advisory Board was created by NH RSA 170-G in 1983 to advise and assist the Division for Youth and Family Services, now known as the Division for Children, Youth and Families (DCYF). Advisory Board members are appointed by the Governor, approved by Council, and represent the ten counties of New Hampshire.

The DCYF Advisory Board advises and assists any sub-committees or sub-boards including, but not limited to the Family Preservation and Support Advisory Committee, pursuant to RSA 170-G, as amended, or any subsequent or revised legislation.

Mission of the DCYF Advisory Board:
We're committed to supporting the strength and quality of life of children, youth and families in New Hampshire. To accomplish this, we will provide leadership and dialogue in advocating the needs and concerns of the children, youth and families of our state, and we will advise and assist the Division in its mission in our communities.

NEW HAMPSHIRE CHILD WELFARE ADVISORY BOARD:

The New Hampshire Child Welfare Advisory Board serves as the major connection between New Hampshire communities to supporting initiatives that provide family support and child abuse and neglect prevention efforts through the Title IV-B, Preserving Safe & Stable Families (PSSF) Grant.

The Child Welfare Advisory Board identifies consumer needs, makes recommendations on funding initiatives, reviews Requests for Proposals for contracts that utilize PSSF funding, and with DCYF, will assist in monitoring contracts that utilize PSSF funding to

promote the Safety, Permanence, and Well being of children through prevention of child abuse/neglect. The Child Welfare Advisory Board participates in the development of the five year Comprehensive Child & Family Services Plan, as required to fulfill DCYF's eligibility for the Preserving Safe & Stable Families grant.

GOAL:
The purpose of this agreement is to integrate the Child Welfare Advisory Board as a *standing committee* that functions under the DCYF Advisory Board. This consolidation will result in a comprehensive understanding by all Committee and Advisory Board members of family preservation and family support services provided & supported by DCYF through the *Promoting Safe and Stable Families Grant*. Also, the new relationship will result in a standing Child Welfare Committee that is supported and sustained by the DCYF Advisory Board, rather than exclusively by DCYF.

Structure of the Child Welfare Committee;

1) Members of the Child Welfare Committee will includes membership that reflects representation outlined in the Federal Register, Vol. 59, No. 191, Tuesday October 4, 1994, pgs. 50646-50673:
   a) All appropriate offices and agencies within NH Dept. of Health & Human Services (Child protection, Foster care, Adoption, Social Services Block Grant, Independent Living, Emergency Assistance).
   b) County Social Services
   c) State, local and community based agencies and organizations with experience in administering programs or services for infants, children, youth, adolescents,
   d) Parents, including birth, adoptive, and foster parents.
   e) Representatives of local government, e.g. counties, cities and other communities, neighborhoods, or areas where needs for services are great.
   f) Representatives of professional and advocacy organizations, individual practitioners working with children and their families, the courts, representative of other states with experience in administering family preservation and support services,
   g) Representatives of state and local agencies and federally assisted programs i.e. Head start, literacy programs, Part h Programs, developmental disabilities, nutritional services, WIC, runaway youth, juvenile justice programs, residential institutions, respite care, CCDBG, domestic & community violence prevention, housing, health agency, mental health, law enforcement, empowerment zones and enterprise communities.
   h) Administrators, supervisors and front line workers of NH DCYF.
2) In reflecting the above representation all efforts will be made to ensure regional representation, with a membership totaling 12 to 15 members.
3) A member of the DCYF Advisory Board will be the chair of the Child Welfare committee. Two-to-three members of the DCYF advisory board will be ongoing members of the Child welfare committee.

4) NH H&HS employees should consist of less than 50% of the total committee membership.

Recruitment:
Committee members will assist in the recruitment of new or replacement Committee members. If a committee member leaves prior to the completion of her/his term, it is recommended that the member who leaves suggest a replacement. The chairperson, with the agreement of the Committee membership, is responsible for making final decisions regarding membership.

Terms:
During the first year of operation, about half of the members of the committee will serve one year terms. The remaining members will serve for two-year terms. After the first year of operation, all members of the Child Welfare Committee will serve for two-year terms. Members of the Child Welfare Committee will serve two-year terms with staggered terms. Blending of the initial one and two year terms will involve members specializing in certain areas or programs. For example, if there are two members who share expertise in the area of foster care, one of those members will serve for a one-year term.

Alternates:
A committee member may designate a permanent alternate for the duration of that committee member's term. It is the responsibility of the primary committee member to ensure that the alternate is kept up to date on all matters under consideration of the Committee.

Stipends:
Stipends will be available to parent representatives to attend committee meetings. Foster parents may receive reimbursement for attending meetings through their association's contract for childcare and transportation.

Attendance:
The Child Welfare Committee will meet once per month from January 2003 through June 30, 2003. After June 30, 2003, all meetings will occur on a bi-monthly schedule, unless otherwise agreed by the Committee and approved by the chairperson.

After two consecutive unexcused absences, the chairperson will contact the committee member to clarify his/her intentions regarding continuing participation as a Committee member. Committee members' membership will be terminated after three consecutive unexcused absences.

The Division for Children, Youth, & Families, The DCYF Advisory Board, and the participating members of the DCYF Child Welfare Advisory Board agree to work together to fulfill the implementation of the DCYF child Welfare Committee in order to

support the mission and vision of DCYF, and to ensure accountability to the community through this agreement.

_____ _____

Nancy Rollins
Executive Director
Division for Children, Youth and Families
Department of Health and Human Services

Date

_____ _____

Sandra McGonagle
Chairperson: DCYF Advisory Board

Date

_____ _____

Susan Carmen
Representative: DCYF Child Welfare Advisory Board

Date

Attachment VII: DCYF/CMHC Assessment Tool

MENTAL HEALTH SCREENING TOOL (CHILD 0 TO 5 YEARS)
[MHST (0-5)]

Person Making Referral: _____ Date: _____
Telephone/Fax #: _____ Agency: Social Services Health Other:
Child's Name: _____ Date of Birth: _____
Caregiver/Contact Person (if known): _____
Respondent to MHST (0-5) (if other than caregiver): _____
Child's Ethnicity (if known): _____ Primary Language: 1
Child's Current Telephone: _____ SSN#: _____
Child's Current Residence: Shelter Group Home Relative Foster Care Home Other:
Child's Current Address: _____

Please check applicable boxes. Examples of behaviors or problems that would require a "YES"check follow each question. ***Please circle any that apply.*** *This list is not exhaustive. If you have a question about whether or not to check ''YES'', please offer relevant information in the COMMENTS section.*

Yes	No	Unknown	
			History Has this child experienced severe physical or sexual abuse, extreme or chronic neglect, or been exposed to extreme violent behavior or trauma? *Examples of experiences that may qualify as severe include: severe bruising in un usual areas, forced to watch torture or sexual assault, witness to murder, etc., rarely held or responded to.* Behavior Does this child exhibit unusual or uncontrollable behavior? **0-18 mos:** Crying that is excessive in intensity or duration; persistent arching, ''floppiness'', or stiffening when held or touched; cannot be consoled by caregiver; cannot initiate or maintain sleep without extensive assistance in the absence of stressors such as noise or illness **18-36 mos:** Any of the behaviors above; extremely destructive, disruptive, dangerous or violent behavior; excessive or frequent tantrums; persistent and intentional aggression despite reasonable adult intervention; excessive or repetitive self-injurious behavior (e.g. head banging) or self-stimulating behavior (e.g. rocking, masturbation); appears to have an absence of fear or awareness of danger. **3-5 yrs:** Any of the behaviors above; frequent night terrors; excessive preoccupation with routine, objects or actions (e.g. hand washing – becomes distraught if interrupted, etc.); extreme hyperactivity; excessively ''accident-prone'', repeated cruelty to animals; lack of concern or regard for others; severe levels of problem behavior in toileting (e.g. encopresis, smearing) and aggression (e.g. biting, kicking, property destruction). Does this child seem to be disconnected, depressed, excessively passive, or withdrawn? **0-18 mos:** Does not vocalize (e.g. ''coo''), cry or smile; does not respond to caregiver (e.g. turns away from his/her face; makes or maintains no eye contact; interaction with others does not appear to be pleasing); does not respond to environment (e.g. motion, sound, light, activity, etc.); persistent and excessive feeding problems. **18-36 mos:** Any of the above; fails to initiate interaction or share attention with others with whom s/he is familiar; unaware or uninvolved with surroundings; does not explore environment or play; does not seek caretaker/adult to meet needs (e.g. solace, play, object attainment); few or no words; fails to respond to verbal cues. **3-5 yrs:** Any of the above; does not use sentences of 3 or more words; speech is unintelligible; excessively withdrawn; does not play or interact with peers; persistent, extremely poor coordination of movement (e.g. extremely clumsy); unusual eating patterns (e.g. refuses to eat, overeats, repetitive ingestion of nonfood items); clear and significant loss of previously attained skills (e.g. no longer talks or is no longer toilet trained).

			Placement, Childcare, Education Status Does this child exhibit behaviors that may not allow him/her to remain in his/her current living, preschool and/or childcare situation? *The child's behaviors, and/or the caregiver's inability to understand and manage these behaviors, threaten the child's ability to benefit from a stable home environment, or preschool or childcare situation.*

If any of the above are checked "YES", refer this child to the Provider of Early Childhood Mental Health Services designated by our county. Please forward form to: . If applicable, identify the agency to which the child has been referred:

COMMENTS/ADDITIONAL INFORMATION: _____

_____

CODE NUMBER:

MENTAL HEALTH SCREENING TOOL (CHILD 5 YEARS TO ADULT)

Referent: Date:
Telephone: _____ Agency: Social Services Probation Other:
Child's Name: _____ Date of Birth: _____
Child's Ethnicity (if known): _____ Primary Language: _____
Child's Current Telephone: _____ SSN#: _____
Child's Current Residence: Shelter Group Home Relative Juvenile Hall Foster Care Other:
Caregiver/Contact Person (if known): _____
Child's Current Address: _____

Please check applicable boxes on both sides of this form. Following each question are examples of behavior or problems that would require a ''YES'' check. ***Please circle any that apply****. This list is not exhaustive. If you have a question about whether or not to check ''YES'', please indicate the issues under the COMMENTS section on the reverse side of the form.*

Yes	No	Unknown	**IDENTIFIED RISK**
			1. Has this child been a danger to him/herself or to others in the last 90 days? *Attempted suicide; made suicidal gestures; expressed suicidal ideation; assaultive to other children or adults; reckless and puts self in dangerous situations; attempts to or has sexually assaulted or molested other children, etc.* 2. Has this child experienced severe physical or sexual abuse or has s/he been exposed to extreme violent behavior in his/her home in the last 90 days? Subjected to or witnessed extreme physical abuse, domestic violence or sexual abuse, e.g., severe bruising in unusual areas, forced to watch torture or sexual assault, witness to murder, etc. 3. Does this child have behaviors that are so difficult that maintaining him/her in his current living or educational situation is in jeopardy? Persistent chaotic, impulsive or disruptive behaviors; daily verbal outbursts; excessive noncompliance; constantly challenges the authority of caregiver; requires constant direction and supervision in all activities; requires total attention of caregiver; overly jealous of caregiver's other relationships; disruptive levels of activity; wanders the house at night; excessive truancy; fails to respond to limit setting or other discipline, etc. 4. Has the child exhibited bizarre or unusual behaviors in the last 90 days? *History or pattern of fire-setting; cruelty to animals; excessive, compulsive or public masturbation; appears to hear voices or respond to other internal stimuli (including alcohol or drug induced); repetitive body motions (e.g., head banging) or vocalizations 9e.g. echolalia); smears feces; etc.*

			Does the child have an immediate need for psychotropic medication consultation and/or prescription refill? *Either needs immediate evaluation of medication or needs a new prescription*

If you checked any of the above boxes "YES", the child requires urgent referral to Mental Health. Please forward this form to the agency listed on reverse side of this form immediately. Please continue on reverse.

COMMENTS/ADDITIONAL INFORMATION: _____

_____

_____

Yes	No	Unknown	**RISK ASSESSMENT**
			1. This child has a history of the behaviors or experiences listed on the front page, "Identified Risk"section, the occurred more than 90 days ago. List: Does the child have problems with social adjustment? *Regularly involved in physical fights with other children or adults; verbally threatens people; damages possessions of self or others; runs away; truant; steals; regularly lies; mute; confined due to serious law violations; does not seem to feel guilt after misbehaviors, etc.* Does this child have problems making and maintaining healthy relationships/ *Unable to form positive relationships with peers; provokes and victimizes other children; gang involvement; does not form bond with caregiver, etc.* Does this child have problems with personal care? *Eats or drinks substances that are not food; regularly enuretic during waking hours (subject to age of child); extremely poor personal hygiene.* Does this child have significant functional impairment? *No known history of developmental disorder, and behavior interferes with ability to learn at school; significantly delayed in language; ''not socialized' and incapable of managing basic age-appropriate skills; is selectively mute, etc.* Does this child have significant problems managing his/her feelings? *Severe temper tantrums; screams uncontrollably; cries inconsolably; significant and regular nightmares; withdrawn and uninvolved with others; whines or pouts excessively; regularly expresses the feeling that others are out to get him/her; worries excessively and preoccupied compulsively with minor annoyances; regularly expresses feeling worthless or inferior; frequently appears sad or depressed; constantly restless or overactive; etc.* Does this child have a history of psychiatric hospitalization; psychiatric care and/or prescribed psychotropic medication? *Child has a history of psychiatric care, either inpatient or outpatient, or is taking prescribed psychotropic medication.* Is this child known to abuse alcohol and/or drugs? *Child regularly uses alcohol or drugs.*

If any of the above boxes are checked "YES", the child needs to be referred t o Mental Health to determine if an assessment or services are required. Please forward the form to: (could be preprinted to have the address of local Mental Health agency)

COMMENTS/ADDITIONAL INFORMATION:

Mental Health Follow Up Response

Name: Date:

MH Assessment complete; no follow up MH service required.
MH Assessment complete; MH follow up required
Other:

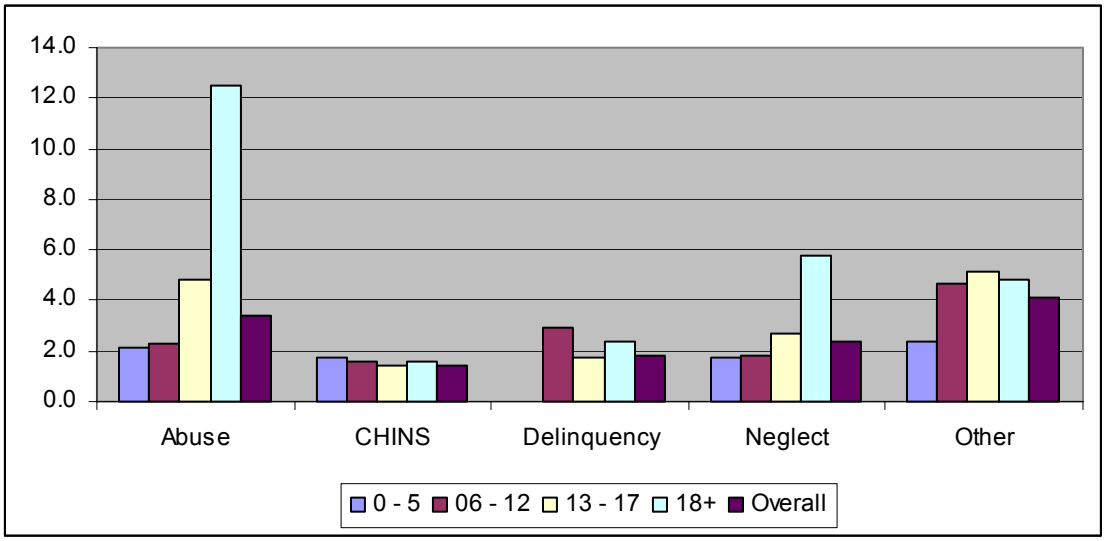
Attachment VIII: Administrative Case Review Reports
Children Exiting Care in Q1 to Q3 FY05

FY05 Age at Exiting Care for Q1-Q3 Combined						
AGE At End of Quarter of Exiting Care	DCYF	DCYF Total Exiting	DJJS-CHINS	DJJS-CHINS Total Exiting	DJJS-Delinquency	DJJS-Delinquency Total Exiting
AVERAGE AGE						
Overall Average Age At Exiting Care	10.4	192	16.0	70	16.2	137
Adoption	7.5	72	1.8	1	N/A	0
Aged Out	19.0	16	18.2	1	17.4	3
Independent Living	18.2	3	N/A	0	18.5	1
Placement with Relative	8.4	30	16.4	53	15.9	15
Return Home (Reunification)	11.3	60	15.6	11	16.2	109
Runaway	16.6	10	15.8	4	16.5	9
MEDIAN AGE						
Overall Median Age At Exiting Care	10.3	192	16.6	70	16.4	137
Adoption	6.1	72	1.8	1	N/A	0
Aged Out	18.9	16	18.2	1	17.2	3
Independent Living	18.2	3	N/A	0	18.5	1
Placement with Relative	7.4	30	16.7	53	16.4	15
Return Home (Reunification)	12.3	60	16.8	11	16.4	109
Runaway	16.9	10	16.4	4	16.6	9

FY05 Years of Removal at Exiting Care for Q1-Q3 Combined						
Years of Removal at Exiting Care	DCYF	DCYF Total Exiting	DJJS-CHINS	DJJS-CHINS Total Exiting	DJJS-Delinquency	DJJS-Delinquency Total Exiting
AVERAGE YEARS						
Overall Average Years of Removal At Exiting Care	3.0	192	1.4	70	1.8	137
Adoption	3.7	72	1.8	1	N/A	0
Aged Out	5.3	16	1.8	1	2.6	3
Independent Living	2.9	3	N/A	0	1.7	1
Placement with Relative	1.7	30	1.2	53	1.6	15
Return Home (Reunification)	2.2	60	2.2	11	1.8	109
Runaway	2.7	10	2.5	4	2.1	9
MEDIAN YEARS						
Overall Median Years of Removal At Exiting Care	2.2	192	1.1	70	1.1	137
Adoption	3.2	72	1.8	1	N/A	0
Aged Out	4.8	16	1.8	1	1.1	3
Independent Living	2.8	3	N/A	0	1.7	1
Placement with Relative	1.1	30	1.0	53	1.4	15
Return Home (Reunification)	1.2	60	1.2	11	1.1	109
Runaway	2.1	10	0.9	4	0.9	9

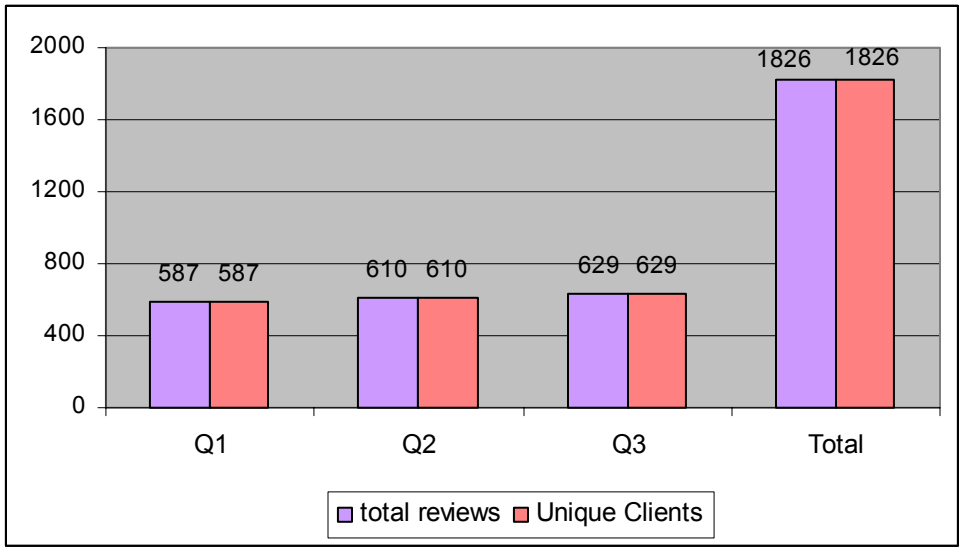
From the first quarter of FY05 to the third quarter of FY05, there were a total of 399 children exiting care. The tables above do not include one child who died.

Average Years in Placement on Exiting Care
FY05 Q1 – Q3



Note: Number of Clients in some categories less than 10. The Abuse case type for 18+ caegory is one client.

Total Number of Reviews and Total Unique Clients



Percent of Collaterals Invited Who Attended

	Q1	Q2	Q3
CASA	47%	47%	48%
Community Service Provider	62%	56%	63%
Foster Parent(s)	47%	45%	35%
Guardian Ad Litem	26%	34%	29%
Residential Care Staff	47%	40%	44%
SPED Director - Receiving	15%	5%	7%
SPED Director - Sending	18%	18%	22%
Therapist - Child	38%	33%	29%
Therapist - Parent	36%	75%	9%
Total	41%	39%	38%

Satisfaction Surveys

October 2003 – February 2005

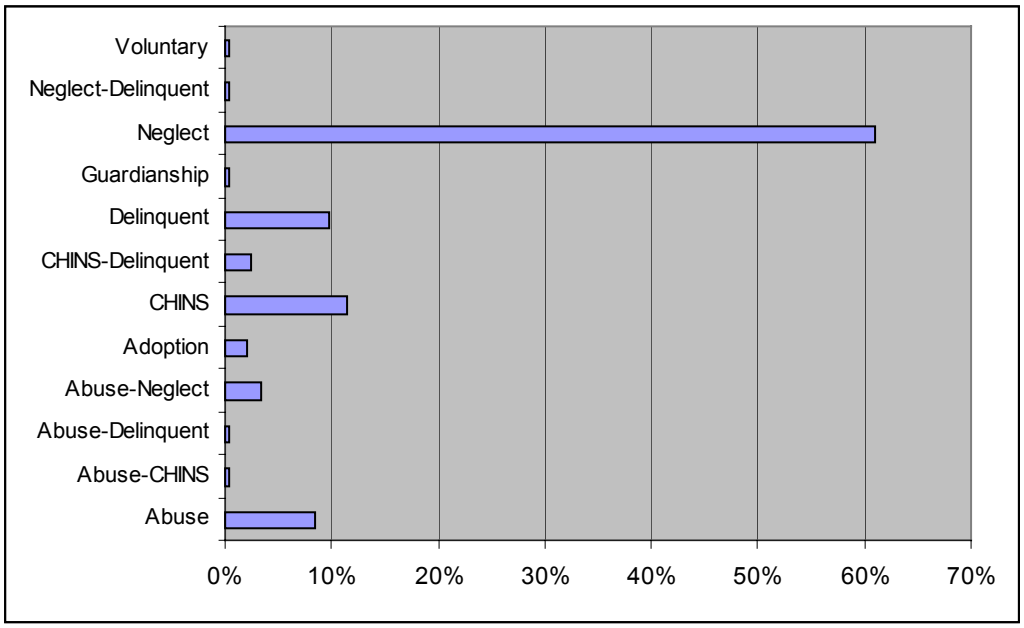
1) Overview

A total of 331 surveys were completed at review meetings from the introduction of the new survey form in October 2003 through February 2005. The analysis in this quarterly report (Q1 FY05) will focus on the entire survey period because no prior review of the earlier survey data has been completed. In addition, the larger sample will offer a better idea of participant response and effectiveness of the survey.

Currently, the Administrative Case Reviewers strive to administer the Satisfaction Survey at 20% of the review meetings. The Reviewers attempt to stratify the sample based on district office, division and worker, however they may adjust the sample to survey reviews with some parent/child/collateral participation. Although the percent of reviews surveyed has averaged 11% for the period from October 2004 (Q2 FY04) through January 2005 (Q2 FY05), the range has varied from 16% in Q3 and Q4 of Fiscal Year 04 to a low of 5% during Q2 of FY05.

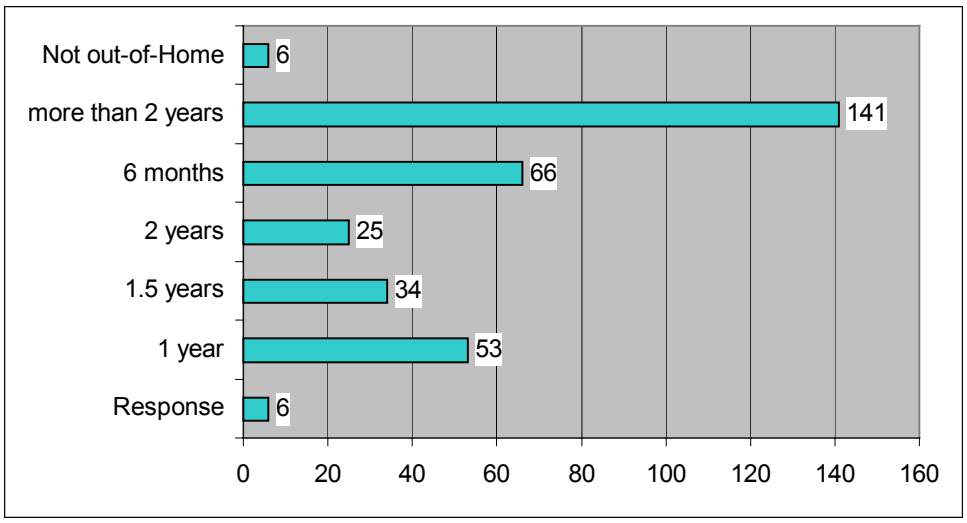
The sampling of case types making up the satisfaction surveys for the reporting period is shown in Figure 1. The sampling was highly consistent with the larger distribution of case types for all reviews conducted in FY04 except for a slight over sampling of CHINS cases and understatement of Delinquency cases.

Figure 1: Case Types Sampled



The participants surveyed at reviews included the reviewer, CPSW/JPPO, parents, children and collaterals. There was in general a high level of consistency in answers to factual (non opinion) questions such as 'How long has the child been out of the home?' and 'What kind of case is the child involved in?' Figure 2 shows the workers' responses to the question of how long the child has been out of the house. When parents' responses to this question were compared to that of reviewers and workers, on a case-by-case basis, there were only eight cases out of the 117 parent completed surveys in which the parent did not agree with either the worker or reviewer. In addition, two of these 8 were a misinterpretation of the question on the part of the parents. For example, the reviewer and worker answered that the child was 'Not-out-of-Home' whereas the parents responded with a time frame (1 year) most likely indicating the length of time the case was open.

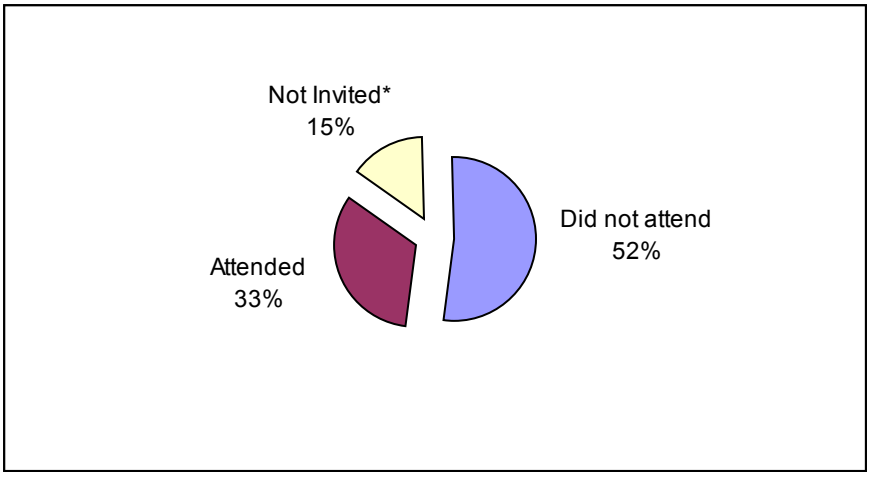
Figure 2: CPSW/JPPO Response to 'How Long Child Has Been Out of Home'



2) Survey Participation

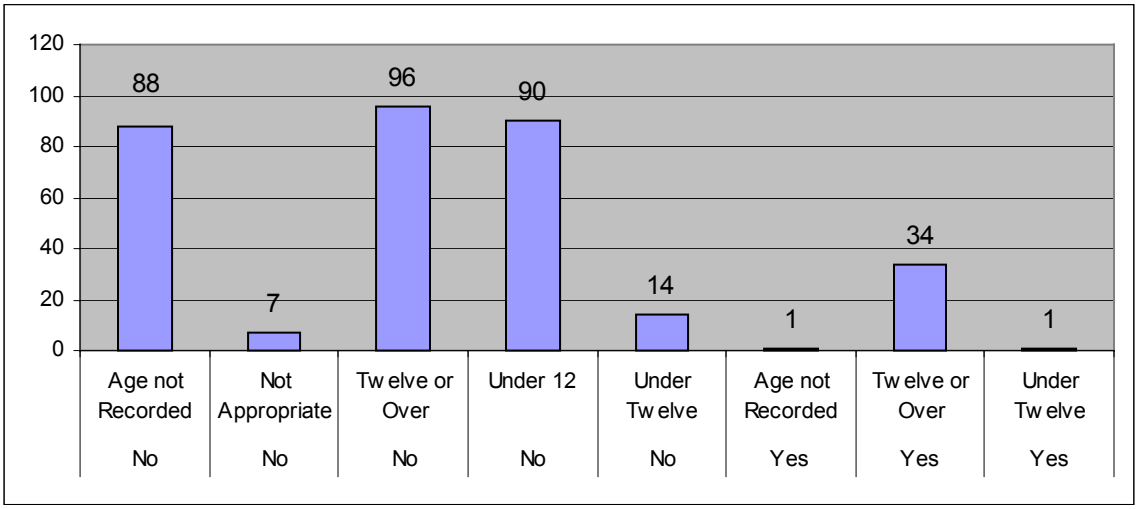
Of the 331 reviews surveyed, 33% had parents attending, at 52% parents did not attend and at 15% parents were not eligible to attend (See Figure 3). More than one parent attended eight of the reviews. The 15% comprising parents not invited include those with a TPR in place, deceased parents and those whose whereabouts are unknown. At surveyed reviews at which a parent was eligible to attend, 41% had at least one parent present.

Figure 3: Parent Attendence at Surveyed Reviews



The breakdown of attendence by children is shown in Figure 4. A child must be twelve years of age or older to attend the review. Of the 36 children who attended the surveyed reviews, all but 5 completed the satisfaction survey. Because the child's age was not recorded on some of the earlier reviews, it is not possible to ascertain the percent of eligible children attending.

Figure 4: Breakdown of Children Attending Surveyed Reviews

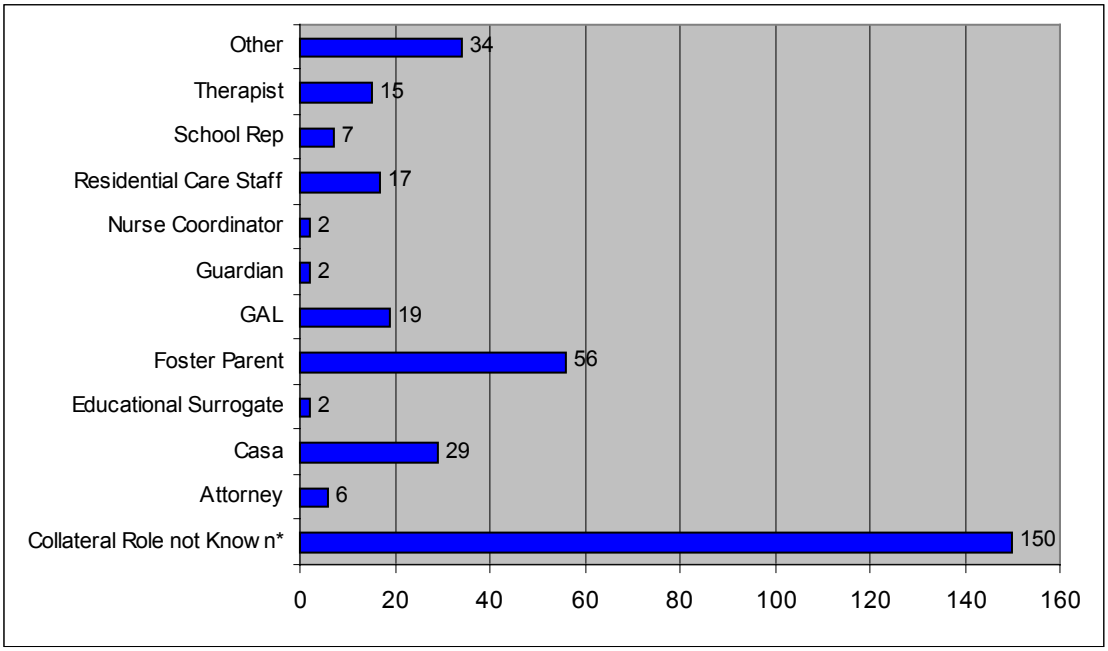


'Collaterals' are one of the most important groups surveyed at the review meetings because of their diversity of roles. The group includes foster parents, CASA staff, Guardians Ad Litem, therapists and numerous other professionals (see Figure 5). Indeed, the term 'collateal' –accompanying as secondary or subordinate- is a misnomer, as these individuals possess insight and information essential to the child's welfare and progress.

Of the 331 surveyed reviews, there were approximately 1.3 collaterals attending per meeting and of the collaterals invited about 77% attended. Because the first version of the survey did not request collateral role, there are 150 of this group who completed survey and whose role is unknown. In future analyses of the satisfaction surveys, the responses of this group will be more thoroughly evaluated by their respective affiliations. Only nine collaterals attending the reviews failed to complete the satisfaction survey: the

roles of 6 were unknown, two were attorneys and one was a therapist. Confidentiality issues were likely the explanation for these non-responses.

Figure 5: Role of collateral respondents



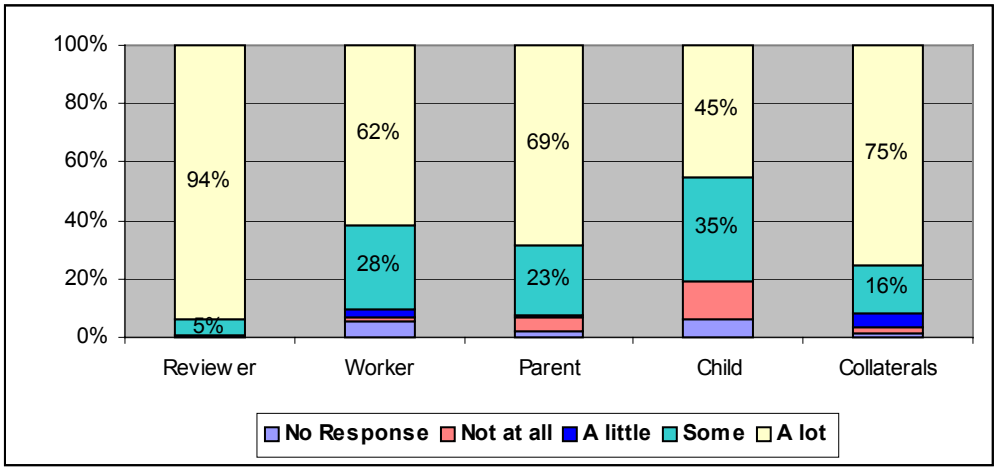
3) Case Plan Related Survey Questions

JPPOs and CPSWs were asked if they provided access to the Case Plan for the child and other participants in the review. The other participants were asked, in the same question (Figure 6), whether they had access to the Case Plan and did they understand the Case Plan and/or had it been explained to them.

The responses to this question were overwhelmingly positive with 'A lot' or 'Some' being the most frequent opinions. Not surprisingly the Client group answered least favorably, but even in this group eighty percent were favorable. Thirteen percent of the children felt they did not have access to the case plan or have it explained to them. Of the collateral group, 7% responded 'A little' or 'Not at all.'

Throughout the survey there is more variation in the collateral groups' responses. While this might be expected since collaterals play varied roles in the review process, their contribution should be valued and respected for its significant 'added value' potential.

Figure 6: Did you have access to the Case Plan and understand it?



Asked if others participating in the review were involved in creating the Case Plan for the Child (Figure 7), the CPSW/JPPOs responded affirmatively on 71% of the surveys. Eighty-one percent of the parents felt they were involved 'A lot' or 'Some' in creating the case plan, while 64% of the children responding felt they were included in the process. Sixty-six percent of the collaterals reported being involved in case planning, however another 20% described their participation as 'Not at all'. The majority of the collaterals in this category did not have a title or role listed but the others were identified as foster parents, other collaterals, therapists, CASAs and GALs (Figure 8). Collateral role was added in the second version of the survey and is currently being collected on all surveys.

Figure 7: Participation in Case Planning process.

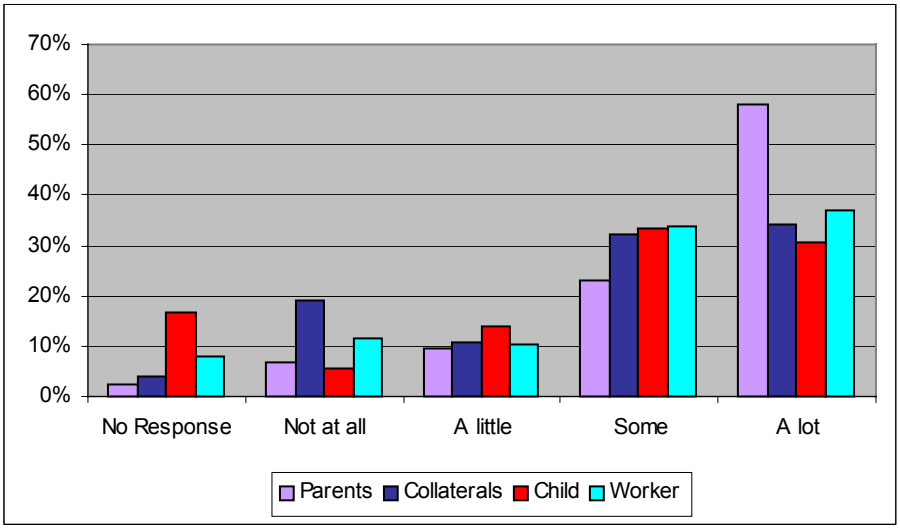
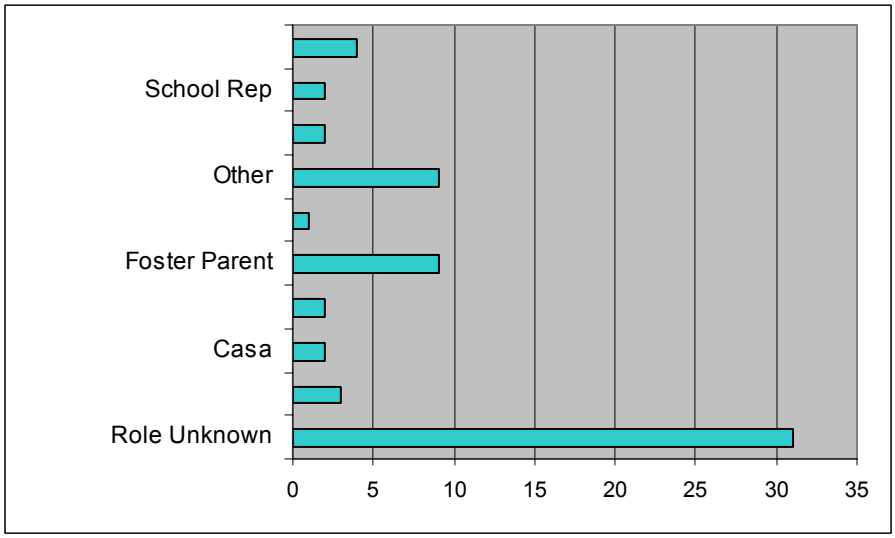
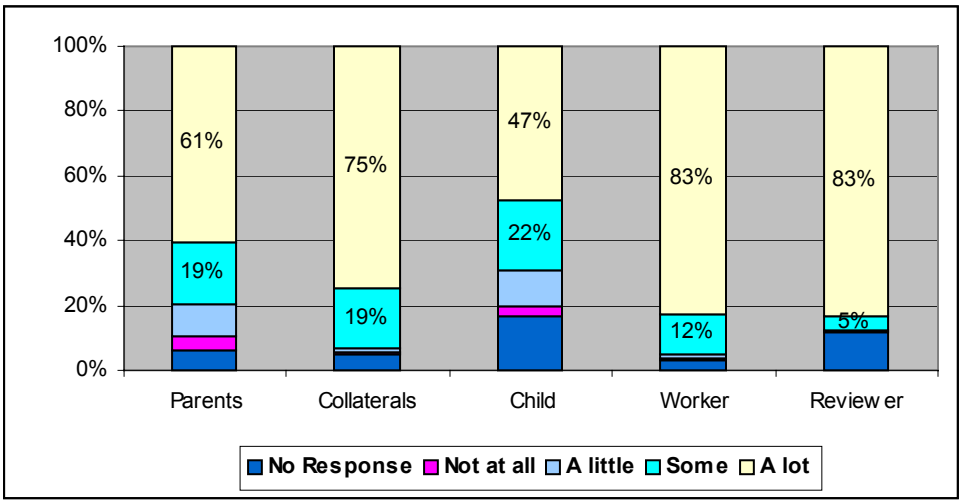


Figure 8: Role of collaterals who reported no participation in Case Planning



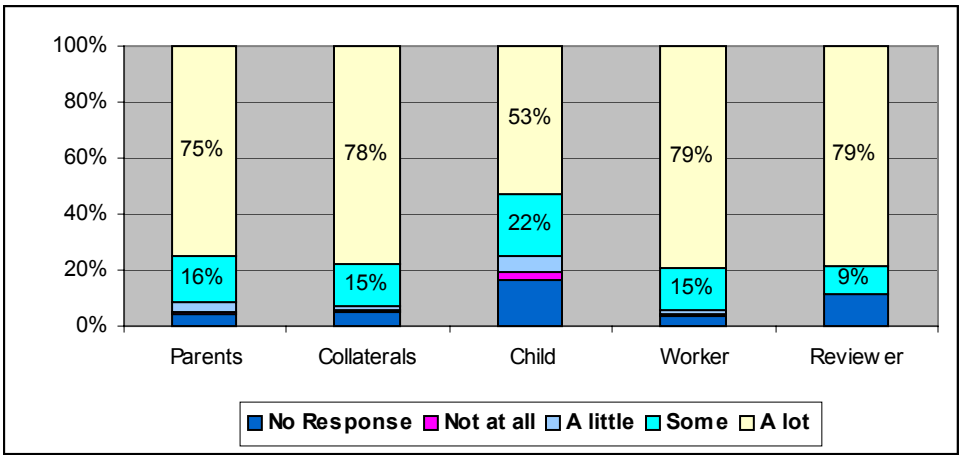
Participants were asked if they agree with the case plan and whether it met identified needs. As Figure 9 indicates, all participant groups at the review agreed with the Case Plan 'A Lot' and only a 5 parents, 3 collaterals, 1 child and 2 workers answered 'Not at all'. On a case-by-case basis, those who answered 'Not at all' in Figure 9 did not necessarily answer similarly to other questions relating to the case planning process.

Figure 9: Do you agree with Case Plan for the child and does it meet identified needs?



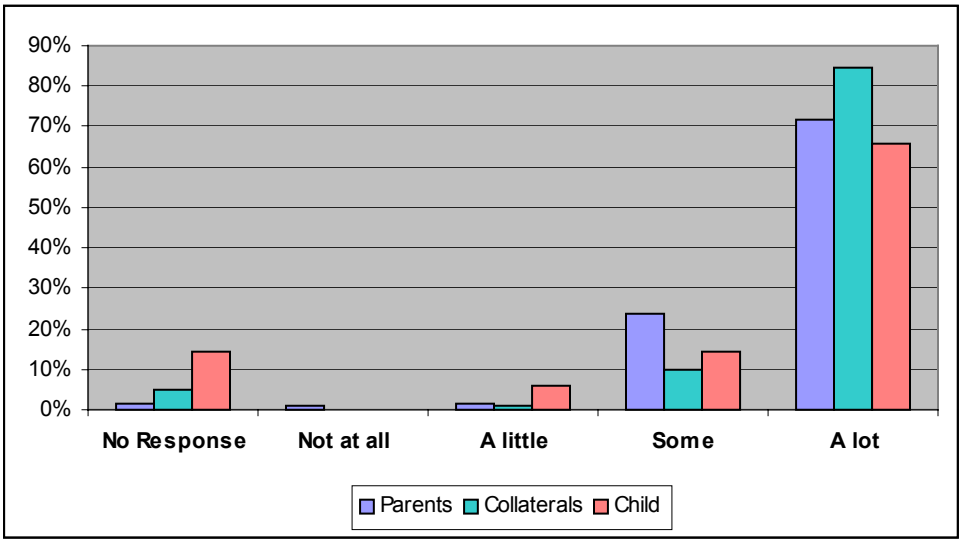
Most attendees agreed that the child's progress on Case Plan goals had been adequately discussed (Figure 10). Over 75% in each group except 'Child' answered 'A lot' to this question and the Child group was almost 50% 'A lot'. Three workers and three collaterals answered 'Not at all' while only 1 parent and 1 child so responded.

Figure 10: Was Child's progress on Case Plan goals adequately discussed?



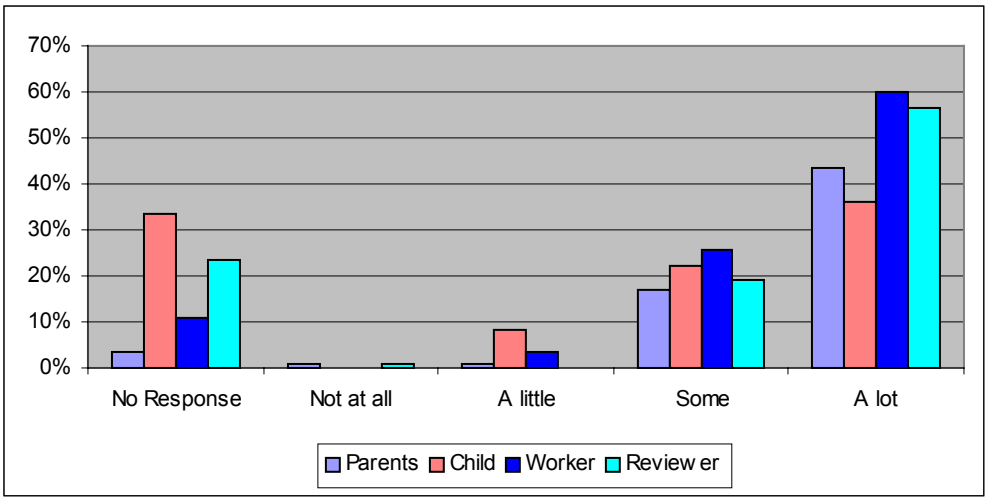
The parents, collaterals and children strongly agreed with statements made about the Child's progress (Figure 11).

Figure 11: Do you agree with what others have said about the child's progress?



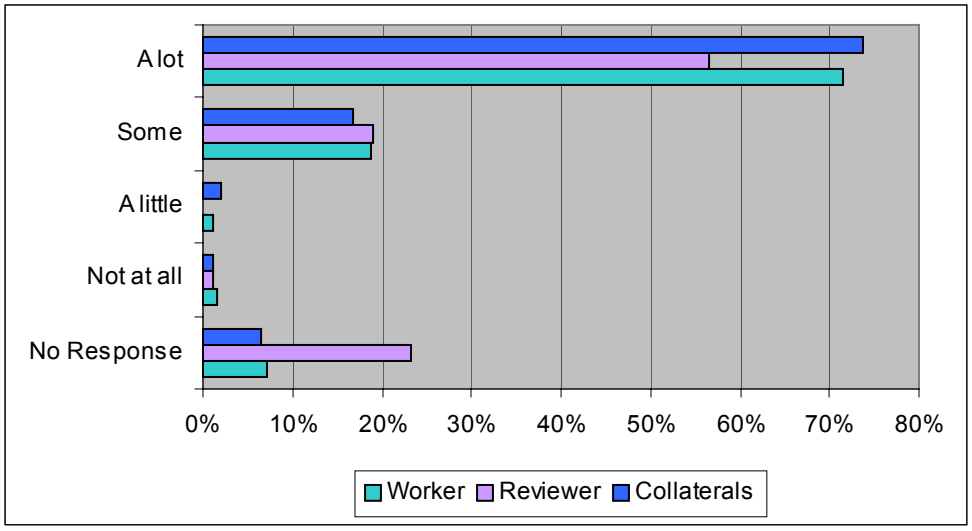
Most participants felt they understood 'A lot' or 'Some' why changes to the Case Plan were being made (Figure 12).

Figure 12: If changes are being made to the Case Plan, do you understand why?



The workers, reviewer and collaterals were in agreement that suggested changes or options for the child's Case Plan were appropriate and based on updated assessments Figure 13).

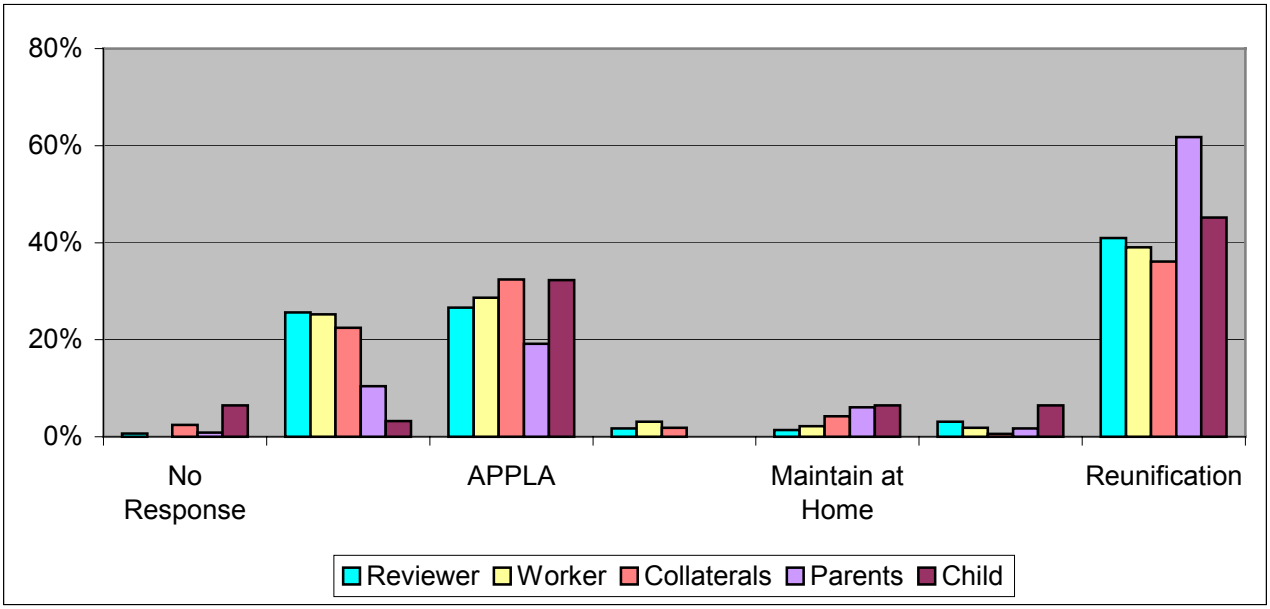
Figure 13: Changes to child's Case Plan are appropriate and based on updated assessments?



4) Permanency Planning

Of Permanency Plan options (Figure 14), parents and children overwhelmingly chose 'Reunification' (62% of parents and 45% of children). This was the most frequent choice for workers, reviewers and collaterals as well. It is interesting that 32% of the 31 children completing the survey chose 'Another Planned Permanent Living Arrangement' (APPLA) as second most frequent option and only 1 child (3%) chose 'Adoption' where19% of the parents chose APPLA and 10% chose Adoption. The reviewers, workers and collaterals saw APPLA as the second most frequent choice and with Adoption close behind in third place. Of the parents who chose Adoption, all of their children's case types were Neglect and only 1 of these parents saw Reunification as a Concurrent Plan option. None of these children attended the review (6 were under twelve, 3 were over 12 and for 3 the age was not recorded).

Figure 14: What is the Permanency Plan for the Child?



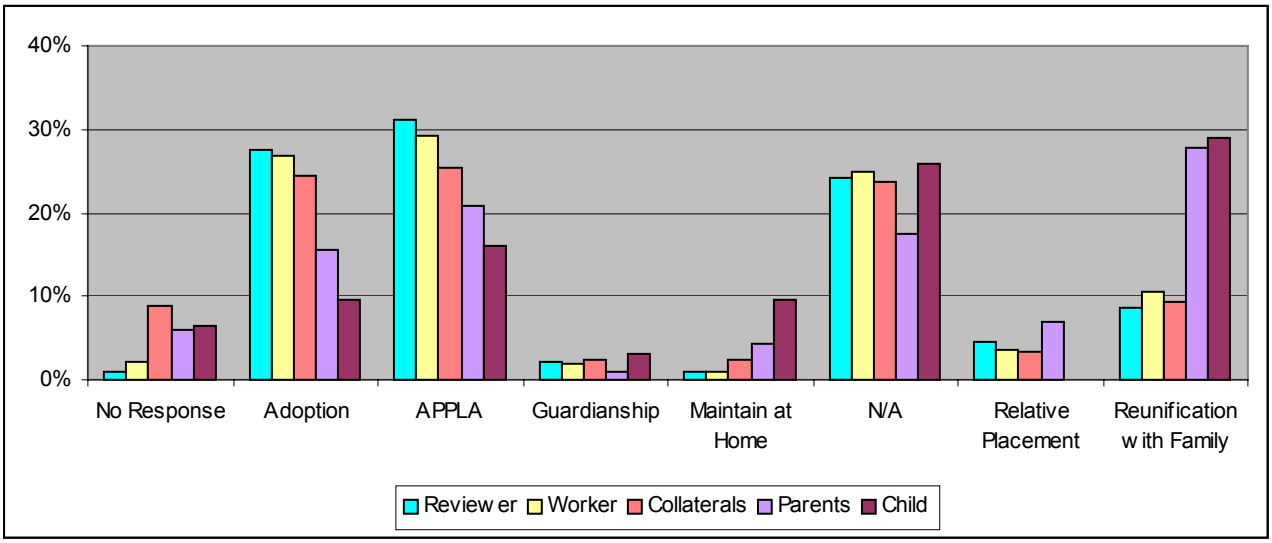
Reviewed on a case-by-case basis, there were 15 instances out of the 115 surveys completed by parents, in which the parents disagreed with either the worker or reviewer or both on the Permanency Plan option. Exclusive of these 15 cases, there were 7 other cases in which the Permanency plan option differed between the reviewer and the work

Reviewed on a case-by-case basis, there were 15 instances out of the 115 surveys completed by parents, in which the parents disagreed with either the worker or reviewer or both on the Permanency Plan option. Exclusive of these 15 cases, there were 7 other cases in which the Permanency Plan option differed between the reviewer and the worker.

In eight of the 15 cases where the worker and parent disagreed, the worker chose Reunification as Permanency Plan goal and the parent chose a 'less favorable' outcome such as Adoption, APPLA or Permanent Placement with other Relative. Seven of these instances were neglect cases and one was CHINS. In 6 of the remaining disputed cases, five parents elected a 'more favorable' outcome such as Maintain at Home or Reunification.

If the Permanency Plan could not be achieved within 12 months, the parents and children strongly favored Reunification as the Concurrent Plan (Figure 15). The reviewers, CPSW/JPPOs, and collaterals favored APPLA and Adoption, which were the second and third place options for parents and children. Ten percent, or 3 of the children responding, chose Adoption as a Concurrent Plan.

Figure 15: What is the Concurrent Plan?



At least 80% of each category of survey participant felt that they were both able to give 'A lot' or 'some' input on the permanency plan (Figure 16) and that they agreed with the plan (Figure 17). However, except for parents, a higher proportion of respondents agreed 'A lot' with the permanency plan than those who felt they had 'A lot' of input on the plan. About 25% of the parents felt they had 'some' input on the plan and agreed with the plan and about 60% felt they had 'A lot' of input on and agreed with the plan. For collaterals, only 53% felt that they had 'A lot' of input to the permanency plan whereas 78% felt that they agreed 'A lot' with the plan.

Twenty-four collaterals answered 'Not at all' as to their input on the permanency plan, while 18 of these collaterals noted that they agreed 'A lot' with the plan. Four of these 24 stated that they had little input and did not agree with the permanency plan. One

of the 4 was a Residential Case Manager and the role of the other 3 was not stated. Collaterals' input on the permanency plan and other aspects of case planning will be analyzed more effectively in future surveys where the collateral roles are noted on the survey response.

Figure 16: Were you able to give input on the Permanency Plan?

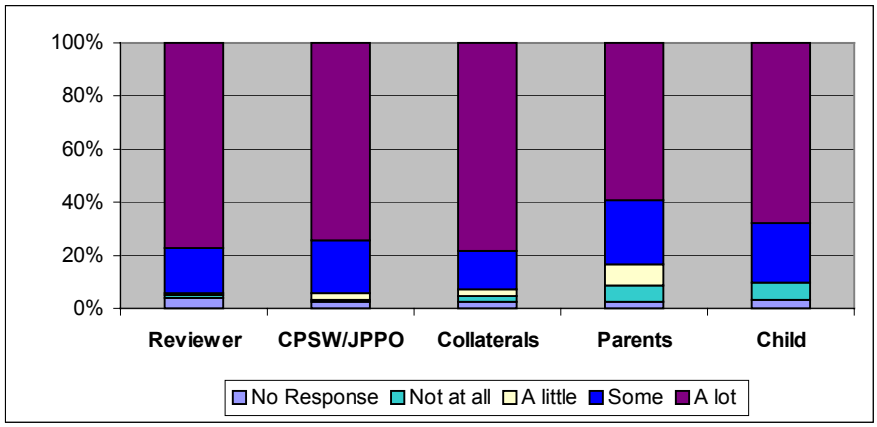
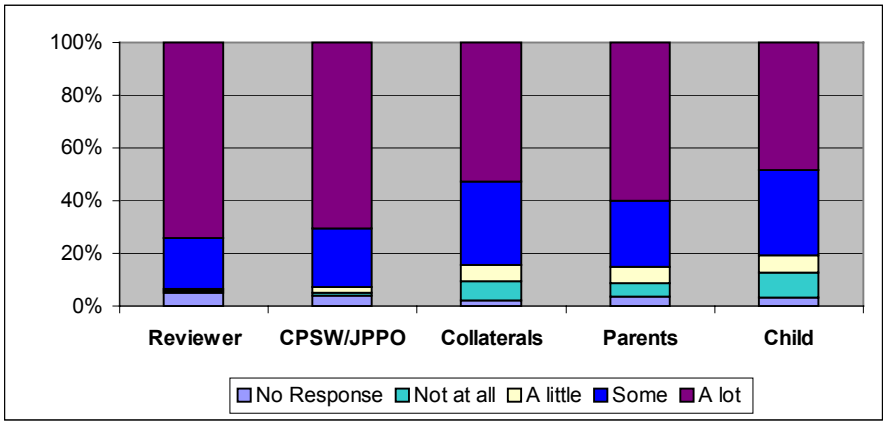


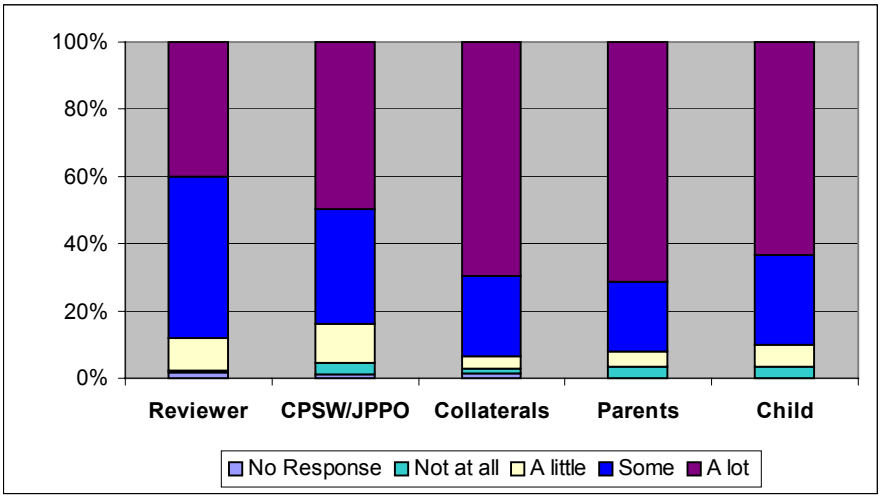
Figure 17: Do you agree with the Permanency Plan?



5) Overall Satisfaction with Meeting

When the respondents were asked if they felt the meeting was helpful in planning for the subject child's next six months, over 90% of the parents, children and collateral groups agreed that it was with the majority replying 'A lot' rather than 'some' (Figure 18). A smaller proportion of reviewers and workers chose 'A lot' over 'some' and 10% of reviewers and 12% of workers thought that the meeting helped 'A little' in planning the child's next six months. On a case-by-case basis, there were only a few children for whom the worker and reviewer both responded 'A little' on this question.

Figure 18: Was the meeting helpful in planning for the child's next six months?



Parents and children were asked if other participants listened to them when they had things to say at the meeting and whether their requests were discussed. The percent responding 'Yes' to this question are shown below for parents (Figure 19) and for children (Figure 20).

Over 90% of the parents responding felt the reviewer and worker listened to them and discussed their requests and 83% felt other professionals did the same. The favorable

percent was lower for other professionals because collaterals were not present at some of these reviews and the parents left this question blank.

The percentage of children responding 'Yes' was very high for the reviewer (100%) and the worker (97%) and somewhat lower for the parents and collaterals (77% each). This was due mostly to parents and other professionals not attending the review and the child not entering a response to this question. There were two cases where the children felt that their parents did not listen to them or discuss their requests. However, in each of these cases the parents did not attend the meeting. In another case where the child felt a professional did not listen to them that person was a foster parent who did attend the meeting.

Figures 19 and 20: Did others listen to you and discuss your requests at the meeting?

Figure 19: Parent's Response – Percent Responding 'Yes'

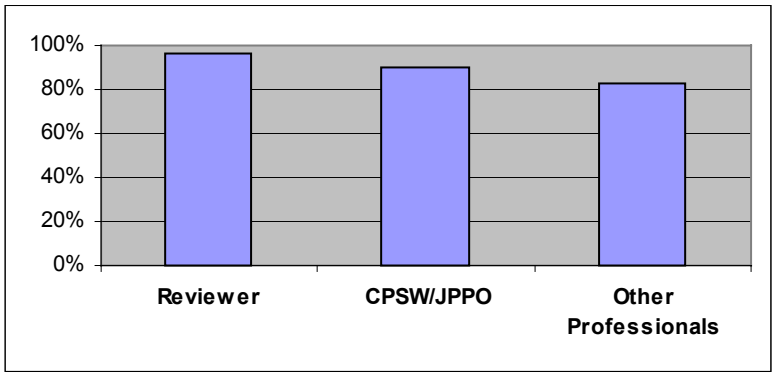
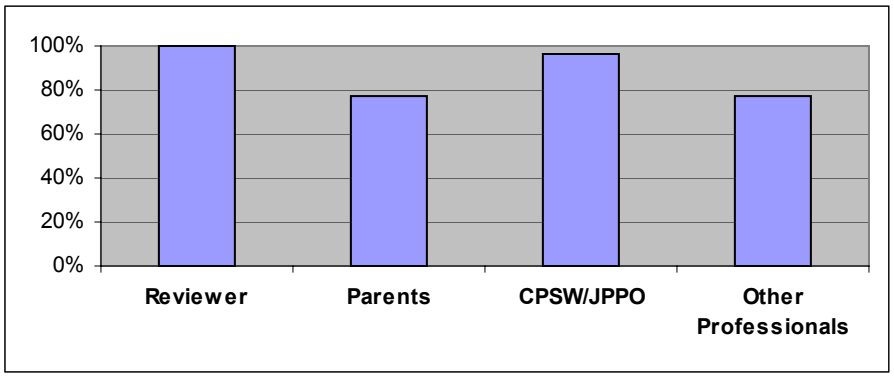
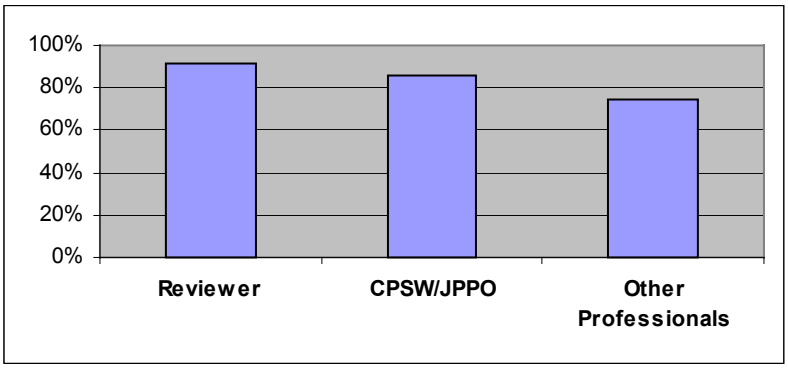


Figure 20: Child's response – Percent Responding 'Yes'



Parents were asked if they and their child were understood by the reviewer, CPSW or JPPO, and other professionals (Figure 21). They answered 'Yes' for reviewer (91%), worker (86%) and other professionals (75%). There were fewer non-responses for the reviewer and worker because they are required to attend the meetings while the other professionals are not always present. There were 4,6 and 8 'No' responses to this question, respectively, for reviewer, worker and other professionals. The four parents who responded 'No' for reviewer also did so for the worker and collaterals, but 3 of the 4 parents answered 'Yes' to the previous query as to whether they were listened to and had their requests discussed at the meeting. Another reason that there are more 'No' responses for other professionals is that more than one collateral frequently attends the review so that there is a higher probability of a 'No' answer than for the worker or reviewer. It cannot be discerned from the survey if the 'No' is directed at one or all of the collaterals.

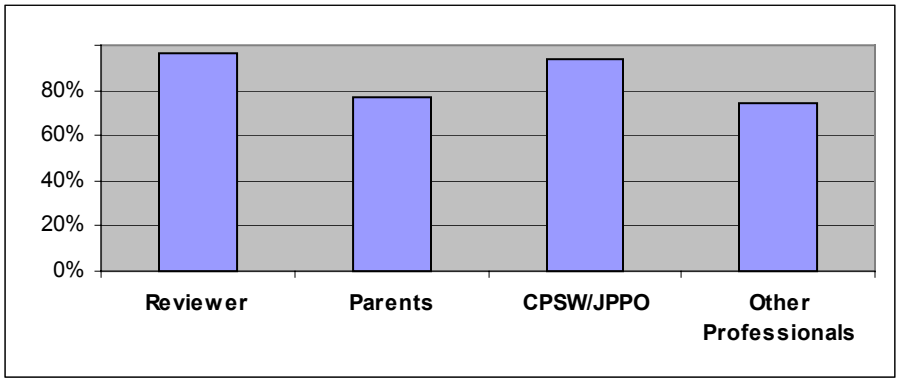
Figure 21: Did parent feel they and their child were understood by reviewer, worker, other professionals?
Percent Responding 'Yes'



The children responding to the survey were very positive when asked if they felt they were understood by the meeting participants (Figure 22). More children (five or six) who completed the survey did not respond to this question when it concerned parents and collaterals than those (1 and 2) who did not answer for the reviewer or worker.

Figure 22: Did child feel he/she was understood by reviewer, worker and other professionals?

Percent Responding 'Yes'



Attachment IX: Criminal Record and Central Registry Checks

TITLE XII
PUBLIC SAFETY AND WELFARE
CHAPTER 170-E
CHILD DAY CARE, RESIDENTIAL CARE, AND CHILD-PLACING AGENCIES
Residential Care and Child-Placing Agency Licensing
Section 170-E:29

170-E:29 State Registry and Criminal Records Check. –

I. Licensed child care agencies, institutions, and child-placing agencies, shall, within 30 days of adding new staff members responsible for care of or in regular contact with children, submit the names, birth dates, and addresses of such staff members to the department.

II. The department shall, for every name submitted on the application and for each new staff member, or at each renewal, review the names, birth names, birth dates and current and previous addresses of such persons against the state registry of founded abuse and neglect reports. The department shall submit the names, birth names, birth dates and addresses to the state police files to obtain information about criminal convictions.

III. If any individual whose name has been submitted for a check under this section has been convicted of a violent or sexually-related crime against a child, or of a crime which shows that the person might be reasonably expected to pose a threat to a child, such as a violent crime or a sexually-related crime against an adult, the department shall deny the license, pending the development and implementation of a corrective action plan approved by the department.

IV. If any individual whose name has been submitted for this check has been convicted of crimes against minors or adults, except crimes as provided in paragraph III, or is the subject of a founded complaint of child abuse or neglect, the department may deny the license or permit, revoke a license, or suspend a license pending the development and implementation of a corrective action plan approved by the department. The department shall conduct an investigation in accordance with rules adopted under this subdivision to determine whether the individual poses a present threat to the safety of children. The investigation shall include an opportunity for the individual to present evidence on his behalf to show that he does not pose a threat to the safety of children.

V. The commissioner shall adopt rules, pursuant to RSA 541-A, relative to the confidentiality of information collected under this section and to the release, if any, of such information.

Source. 1990, 257:8. 1994, 212:2. 1995, 310:136, eff. Nov. 1, 1995.

Attachment X: Permanency Options for Children and Youth in Foster Care

SUBJECT: Permanency Options for Children and Youth in Foster Care

PURPOSE: This policy will guide best practice for staff to achieve a safe, stable and permanent environment for every child or youth in the timeliest way possible. A life-long relationship with a nurturing caregiver is necessary to establish the foundation for a child's healthy development.

DEFINITIONS:

(a) "Adoption" means the establishment of the status of parent and child between individuals who are not biological parent and child. Adoption provides a new parent figure charged with the care, custody, safety, and well being of the child when a court decides it is in the child's best interests to terminate the legal child-parent bond with birth parents or when the parents make a plan to surrender parental rights.

(b) "APPLA" means another planned permanent living arrangement intended, designed, considered, premeditated or deliberate that includes: the physical placement of the child, the quality of care, supervision, nurture and permanent connections to the family of origin and/or other families/individuals important to the child.

(c) "Concurrent Plan" means the alternate plan for the child in out of home placement, which will achieve another permanent plan if reunification with the parent is not possible.

(d) "Concurrent Planning" means working towards family reunification while at the same time establishing an alternative permanent plan for the child.

(e) "DCYF CPSW Adolescent Worker" is a CPSW who has extensive knowledge about the developmental and related needs of Adolescents and who consults with case managers to meet the needs of Adolescents and to ensure they make a successful transition out of foster care.

(f) "DCYF CPSW Permanency Worker" is a CPSW who has expertise in permanency options for children in out of home care and who consults with case managers to facilitate planning for permanency early in the case.

(g) "DJJS Juvenile Probation and Parole Officer" (JPPO) is the DHHS employee who has extensive knowledge and responsibility for case management and case planning for delinquent minors and children in need of services.

(h) "Non-Relative Guardianship" means a permanent legal award to an individual or couple who will serve as permanent caregivers of a child without on-going state supervision, based on a court determination that it is in the child's best interest. (RSA 463 and Children's Bureau, Public Policy Guidelines)

(i) "Permanency" means that a child has a safe, stable environment. This creates a life-long relationship with a nurturing caregiver to establish the foundation for a child's healthy development.

(j) "Permanency Plan" means a document designed by DCYF/DJJS, the parents, and the child, when appropriate, that describes the set of goal directed activities, which will achieve legal, emotional and physical permanency for children in foster care.

(k) "Permanency Planning" is the systematic process of carrying out, within a brief time-limited period, a set of goal directed activities designed to help children live in families that offer continuity of relationships and nurturing parents or caretakers and the opportunity to establish life-time relationships. (Maluccio and Fein, 1983)

(l) "Permanency Team" means a group of DCYF/DJJS staff that meets, at least monthly, to develop permanency action plans for children and youth in out of home care and to provide consultation and planning to CPSW/JPPO case managers concerning permanency issues.

(m) "Relative Guardianship" means a permanent legal award to a child's relatives who will serve as permanent parent of the child without on-going state supervision, based on a court determination that it is in the child's best interest. (RSA 463 and Children's Bureau, Public Policy Guidelines)

(n) "Reunification" means the safe, timely and permanent return of a child to his or her permanent family of origin.

(o) "Temporary Visit" means a brief visit with the family of origin to determine if the child and family are ready for on-going reunification.

Section I Permanency Options

POLICY:

(a) The most preferred permanent placement for a child is a safe and permanent reunification with the family of origin.

(b) Permanent placement with extended family of origin is preferred when it is not possible to reunify with the family of origin.

(c) For children who cannot be reared by their birth parents or within their extended family of origin, adoption is the preferred permanent placement.

(d) A permanent placement includes the following characteristics:
1. It is legally intended to be a permanent relationship to last throughout the child's minority and to establish family relationships that will last for the child's lifetime.
2. It is legally secure from modification.

(e) When pursuing permanency for a child, a diligent search for relatives must be made.

(f) If Adoption is not appropriate for a child unable to return home safely, DCYF/DJJS will establish another legally sanctioned permanency plan including guardianship or APPLA.

(g) The Permanency Planning Team, at least monthly, will conduct a review of selected cases with District Office staff in order to facilitate permanency planning for children in out of home care prior to the Permanency Hearing but not later then 9 months from the date of the child's removal from his/her home.

(h) The Permanency Planning Team is minimally composed of the Supervisor(s), Permanency Worker(s), Foster Care Worker(s), Adolescent Worker(s), Nurse(s) and an Administrative Reviewer.

(i) The Facilitator is one of the team members listed in (h). The Permanency Worker with expertise in facilitation should assume this role.

(j) The Permanency Planning Teams will review all cases with the goal of APPLA at least once per year and six months prior to the youth turning 18 years of age.

(k) The Permanency Planning Teams (PPT) must review cases where there is a shared case management responsibility between a CPSW and a JPPO. See Joint Case Planning and Case Management", ITEM 637.

(l) Permanency Planning Teams are a resource for JPPOs to use when they need assistance with achieving permanency goals for juveniles.

(m) Youth in secure detention facilities are not eligible for review by the PPT but permanency is addressed as part of the discharge planning for each youth by DJJS.

PROCEDURES

Procedures outlined below are relevant to all the Permanency Options. Where there are procedures assigned to a PPT member specific for a Permanency Option, these will be located in the policy section immediately below the policy regarding that Permanency Option.

Permanency Planning Teams

(a) The CPSW will:

1. Refer the case to the Permanency Planning Team for review prior to the Permanency Hearing but not later then 9 months from the date of the child's removal from his/her home;
2. Represent the positions of the child and the foster parents or other caretakers regarding adoption as the recommended permanency plan;
3. Discuss the agreement to be developed with the foster parents and identify any other services the family, adoptive parents, guardians or foster parents will require;

4. Continue to monitor the permanency goal to ensure it is the most viable permanency option for the youth;

5. Ensure that recommendations of the PPT are included in the next "Case Plan" update; and
6. Obtain Court approval for the plan at the court hearing where permanency is decided;
7. Bring to the PPT, a copy of the youth's Adult Living Preparation forms (See TIL policy ITEM 745) for youth age 14 or older in DCYF guardianship or 16 and older in DCYF custody.

(b) The Permanency Worker will:

1. Facilitate the Permanency Team meetings;
2. Provide consultation to the Team regarding permanency options and procedures; and
3. Provide ongoing assistance to case managers as it relates to permanency planning for children and youth in care;
4. Ensure the Permanency Planning Team Review Data (Form 2275) is completed and sent to Permanency Specialist at State Office.

(c) The Foster Care Worker will:

1. Attend the Permanency Team meeting and provide consultation to the Team;
2. Provide ongoing assistance to the Team and case CPSWs/JPPOs as it relates to recruitment of foster and adoptive homes, foster home licensing and matching of children with the foster families.

(d) The DCYF Nurse Coordinator will:

1. Attend the Permanency Team meetings and provide consultation to the Team for children on their caseload. Nurse Coordinators may be available for consultation for additional children when time permits;
2. Provide health care information to the Team that may impact planning for permanency and identify resources for the child in care; and
3. Make suggestions for the health care needs of children.

(e) The Adolescent Worker will:

1. Attend the Permanency Team meetings and provide consultation to the Team;
2. Provide on-going consultation to the CPSW/JPPO on the availability and utilization of resources for adolescents, adolescent development, and preparing adolescents for life after exit from State care;
3. Provide up to date information to the Team regarding services available for Adolescents in the foster care system and the DCYF After Care Program; and
4. Consult with the DCYF/DJJS CPSW/JPPO to review the services to be delivered through the independent living program.

(f) The Administrative Reviewer will attend, when possible, and:

1. Provide consultation to the Team; and
2. Review the most recent Administrative Case Review (Form 2272C) report for the child and provide any additional information.

(g) The Supervisor will:

1. With team input, approve the new Permanent Plan and Concurrent Plan for the child;
2. Recommend interventions or services to assist in achieving permanency; and
3. Forward the recommendations and Form 2275 to the Permanency Specialist at State Office.

Section II Reunification

POLICY

(a) Reasonable efforts must be made to maintain the family unit and prevent unnecessary removal of a child from his/her home as long as the child's safety is assured.

(b) If temporary out of home placement is necessary to ensure the immediate safety of the child, the agency must make reasonable efforts and provide services to reunify families. Reasonable efforts are determined on a case-by-case basis.

(c) Reasonable efforts must be documented in the Permanency Report, (submitted for the Permanency Hearing) in the agency file, and in Bridges. Documentation may include treatment records, evaluations, and caseworker notes. See Item 716 Family Services Documentation and Case Records.

(d) The decision to return the child home (for CPSWs) is based on an assessment of the risk and safety factors which may include successful completion of treatment services, evaluation of the parent and child, concrete changes in the parents' behaviors and their ability to manage the child in the home. For CPSWs see also the SDM Reunification Review Tool.

(e) The permanency goal will be identified in the Case Plan, which is developed in concert with the family and child, if age appropriate. For CPSWs See Item 715(a) Assessing Service Needs and Working with the Family.

(f) Intensive Family Reunification services are offered in District Offices where Permanency Plus is operational. In other District Offices, reunification will be achieved by providing a range of services and supports, which include:

1. Visitation schedule, as appropriate to the case, that is established early in the case among parents, siblings, and extended family members according to ITEM 715(c) Parent/Child Visitation for CPSWs;
2. Location of non-offending parents and other relatives and documentation of their ability to provide a safe and risk free environment as a placement option and move toward permanency;
3. Concurrent case planning early in the life of the case;
4. SDM guide to reunification, the Family Reunification Review Tool or the DJJS Risk/Needs Assessment Tool as applicable;
5. Attention to the responsibilities of the agency in the Court Process. For CPSWs, see ITEM 715(f) Initial Dispositional Hearing;
6. Home visits; and
7. Post placement planning including referral to community supports to assist the family and to prevent abuse and neglect from re-occurring. For CPSWs see ITEM 717 Case Closure.

PROCEDURES

PPT members will follow all the procedures on page three of this policy for their role in the team in addition to the specific procedures below.

The CPSW/JPPO will

(a) Document reasonable efforts toward reunification, including:
   1. Frequency and quality of visitation, according to visitation policy Item 715(a);
   2. Discussions with foster parents, teachers and relatives, mental health professionals and others important in the child's life;
   3. Contacts with birth parents;
   4. Home visits; and
   5. Caseworker contacts with the child.

(b) Authorize services determined to contribute to the stabilization of the reunification plan and refer parents to community services and other supports.

(c) Provide appropriate documentation to the court as required by Item 716 FS Documentation and Case Records.

(d) Access the Permanency Planning Team for additional consultation as needed throughout the course of case planning.

Section III Adoption

POLICY

(a) When permanency decisions involving termination of parental rights or voluntary surrenders are being considered between the CPSW and Supervisor, adoption must be the permanency goal for the child.

(b) Adoption needs to be pursued for all age groups, including adolescents, before less permanent options are considered.

(c) The child's wishes and position (depending on age and maturity) on adoption needs to be explored.

(d) The child's relatives must be considered as potential adoptive parents when the child must be removed from the home and when the relatives are assessed as fit and willing adults.

(e) Adults known to the child, including current foster parents should be considered as potential adoptive parents.

(f) Adolescents should be involved in identifying potential adoptive parents.

(g) Barriers to adoption need to be identified and addressed in a timely manner.

(h) Recruitment efforts must be initiated when there are no likely identified adoptive parents.

(i) Information about the child, adoption subsidies, post adoption services and other resources need to be shared with prospective adoptive parents.

(j) The role (if any) of the biological parents needs to be defined.

(k) The on-going relationship post adoption between adoptive family and bio-extended family needs to be defined.

PROCEDURES

PPT members will follow all the procedures on page three of this policy for their role in the team in addition to the specific procedures below.

The Permanency Worker will:

1. Ensure a surrender of parental rights from each parent is requested;
2. Ensure a termination of parental rights is sought in Probate Court/Family Court;
3. Ensure a child is prepared for adoption;
4. Ensure the child's placement is discussed and developed with the prospective adoptive parents and identify any other barriers to adoption; and
5. Identify any service needs for post adoption.

Section IV Guardianship

POLICY:

(a) When a child cannot safely return home and adoption is not possible, guardianship (independent of DCYF and the Courts) with a relative or adults known to the child should be considered.

(b) The child's wishes and position (depending on age and maturity) regarding guardianship needs to be solicited from the child.

(c) The child's relatives and adults known to the child, including current foster parents, should be first considered as potential guardians.

(d) When parental rights are not terminated or surrendered and there is a guardianship appointment, DCYF/DJJS must encourage agreements (unless forbidden by court order or counter indicated for treatment reasons) between the parents and

guardians concerning visitation, communications, education, and other key decisions in the child's life.

(e) Adolescents must be involved in identifying potential guardians.

PROCEDURES:

PPT members will follow all the procedures on page three of this policy for their role in the team in addition to the specific procedures below.

The CPSW will:

1. Discuss family relationships impacted by the guardianship decision with all parties;
2. Review with the prospective guardian the need for and availability of services once the DCYF case is closed; and
3. Discuss the financial implications of assuming guardianship.

Section V Another Planned Permanent Living Arrangement

POLICY:

(a) When all other permanency options listed in DCYF Item 715(d) above have been exhausted, another planned permanent living arrangement (APPLA) can be considered.

(b) No youth age 13 or younger should be considered for APPLA unless the Permanency Planning Team has reviewed the case and the DCYF Administrator or DJJS Bureau Chief gives prior approval to seek an APPLA.

(c) APPLA will be considered a permanent plan when:

1. All other permanency options have been eliminated; and
2. The child has a significant bond to the birth family but is unable to safely reunify with the family; or
3. The child has a significant bond to the foster family, another family or adult; or

4. The child is not willing to consider adoption at this time.

(d) Ensure the youth is provided with the opportunity to build relationships with adults, such as relatives, school staff, foster parents, employers, coaches, community agency staff members, mentors, etc. who may become part of the youth's post placement support network.

(e) Have ongoing discussions with older youth regarding adults in their life that may provide long-term care support and guidance.

(f) When a group home is the most appropriate placement for the child, DCYF and DJJS will make efforts to support and/or encourage permanent relationships with responsible adults (relatives, school staff, foster parents, employers, coaches, community agency staff members, mentors, etc) who may become part of the youth's post placement support network.

(g) The foster parent(s) will enter into a written agreement with DCYF or DJJS that outlines the expectations of all parties, as they relate to a permanent home for the child.

PROCEDURES

PPT members will follow all the procedures on page three of this policy for their role in the team in addition to the specific procedures below.

The CPSW will

1. Ensure the adolescent has a full understanding of the adoption process before developing an APPLA;

2. Explore APPLA as a permanent option with the adolescent and begin to identify an APPLA for the youth;
3. Identify the foster parents who will commit to a written agreement that outlines the expectations of the APPLA for the youth;
4. Notify foster parents of the possibility of becoming an Adolescent Foster Home with the accompanying services, expectations and supports;
5. Complete the written agreement in consultation with the Permanency Worker, Foster Parents and Youth; and
6. Review the APPLA permanency option annually for the youth with the Permanency Planning Team.

The Adolescent Worker will

1. Authorize services related to the Adolescent Foster Home;
2. Provide ongoing consultation to the CPSW/JPPO regarding relationship building (described in Section V (e) and (f)) with adolescents, the availability and utilization of resources for adolescents, adolescent development, and preparing adolescents for life after exit from state care;
3. Provide ongoing consultation and assistance to the CPSW/JPPO regarding the relationship building described in Section V (e) and (f);
4. Ensure that during their initial involvement with the DCYF Adult Living Preparation process (see IL Policy 745) that each eligible youth understands completely the assistance and services available to them through DCYF Aftercare;
5. Consider youth, age 14 and older, for participation in the DCYF Youth Advisory Board and/or DCYF Teen/Youth Conferences and initiate referral process if appropriate.

EFFECTIVE DATE: 2005
DISTRIBUTION: DCYF Manual Holders

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